FEES (Filling and Disclosure): \$25.00. If amendment, s IMPORTANT — READ INSTRUCTIONS BEFORE COMPLIANT 1. CORPORATE NAME (Please do not alter if name is preprinted.)	tate MATION ation) see instruc			06-27747
ELITE CONSTRUCTION PROJECT MANAGEMENT, INC. 2829661 12964 HALFORD STREET SYLMAR, CA 91342			of the S	ILED the Secretary of State state of California 12 2006 For Filing Use Only
DUE DATE:				
CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code see A publicly traded corporation must file with the Secretary of State a Cor after the end of its fiscal year Please see reverse for additional informa COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate t	rporate Disc ation regarc	closure Statemer	ed corporations.	
2 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE		ND STATE		ZIP CODE
12964 HALFORD STREET	SYL	MAR, CA		91342
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY		STATE	ZIP CODE
12964 HALFORD STREET	SYL	MAR,	CA	91342
NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFF for the specific officer may be added; however, the preprinted titles on this form	must not be a	altered.)	t have these three of	
4 CHIEF EXECUTIVE OFFICER/ ADDRESS	CITY A		~ *	ZIP CODE
SONIA L. CARRANZA 12964 HALFORD STREET		SYLMAR, O	UA	91342
5 SECRETARY/ ADDRESS	CITY #	ND STATE	~ .	ZIP CODE
SONIA L. CARRANZA 12964 HALFORD STREET	··· ····· · · ·	SYLMAR,	UA	91342
6 CHIEF FINANCIAL OFFICER/ ADDRESS SONIA L. CARRANZA 12964 HALFORD STREET	CITY A		~ ^	ZIP CODE
		SYLMAR, (91342
NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCL must have at least one director Attach additional pages, if necessary)				, I '
7 NAME ADDRESS SONIA L. CARRANZA 12964 HALFORD STREET	CITYA		`^	ZIP CODE
		SYLMAR, C	<i>,</i> А	91342
B. NAME ADDRESS		ND STATE		ZIP CODE
9 NAME ADDRESS	CITY A	ND STATE		ZIP CODE
10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY				
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the a address. If the agent is another corporation, the agent must have on file with section 1505 and Item 12 must be left blank.)	gent must re the Californ	side in California a a Secretary of Sta	nd Item 12 must be c Ite a certificate pursu	ompleted with a California ant to Corporations Code
11 NAME OF AGENT FOR SERVICE OF PROCESS EXPRESS BUSINESS FILINGS, INC.			2602547	
12. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVI	DUAL CIT	Y	STATE	ZIP CODE
TYPE OF BUSINESS 13 DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION PROJECT MANAGEMENT				
14 BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF INCLUDING ANY ATTACHMENTS. IS TRUE AND CORRECT.		CORPORATION CE	RTIFIES THE INFORMA	
HECTOR J. MARTINEZ	FXT .		AGENT	10101010
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	SIGNATURE		TITLE	DATE
SI-200 C (REV 05/2005)			10000	ED BY SECRETARY OF STAT