


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 371082

Entity Name
 ECA INVESTORS, INC.



Principal Place of Business
 501 S. W. 158 TERRACE #203
 PEMBROKE PINES, FL 33027

Mailing Address
 501 S. W. 158 TERRACE #203
 PEMBROKE PINES, FL 33027



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1410860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALAMARA, CHARLES T.
 501 SW 158 TERRACE #203
 PEMBROKE PINES, FL 33027

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000641768
 03/01/07-80014-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASE, ROBERT 2813 LUTHER CATLETT CIRCLE SEVIERVILLE, TN 37876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARFIELD, NEIL 6087 OVERLAND PL DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PALAMARA, CHARLES T. 501 SW 158 TERR, #203 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES T. PALAMARA
Charles T. Palamara

2/19/07 954-699-5445
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR