

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90389 031 ****61.25

DOCUMENT # N97000002359
 1. Entity Name
ECHOES OF THE ANCESTORS, INC.



40075193

Principal Place of Business
 1 LOS PINOS
 NICASIO, CA 94946

Mailing Address
 1 LOS PINOS
 NICASIO, CA 94946



2. Principal Place of Business
Malidoma & Associates
 Suite, Apt. #, etc.
236 W. East Ave. A-199
 City & State
Chico, CA

3. Mailing Address
Echoes of the Ancestors / P. Some'
 Suite, Apt. #, etc.
4062 Augusta Ln.
 City & State
Chico, CA

04272006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3449271

Applied For
 Not Applicable

Zip Country Zip Country
95926 USA 95973 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOCKLEY, MARK W
1 LOS PINOS
NICASIO, FL 94946

7. Name and Address of New Registered Agent
 Name **Gary Drake**
 Street Address (P.O. Box Number is Not Acceptable)
1600 NE 64th
 City **Ft. Lauderdale** FL Zip Code **33334**

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 *Gary Drake* DATE **4-26-06**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P/D	<input type="checkbox"/> Delete
NAME	SOME, MALIDOMA P	
STREET ADDRESS	236 W. EAST AVE., STE. A., PMB 199	
CITY-ST-ZIP	CHICO, CA 95926	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	MARK, BOCKLEY M	
STREET ADDRESS	1 LOS PINOS	
CITY-ST-ZIP	NICASIO, CA 94946	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	BOCKLEY, MARK	
STREET ADDRESS	1 LOS PINOS	
CITY-ST-ZIP	NICASIO, CA 94946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Uicki Burns	
STREET ADDRESS	236 W. East Ave. A-199	
CITY-ST-ZIP	Chico, CA 95926	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Robert D. Walker	
STREET ADDRESS	250 Bly Hollow Rd. Box 82	
CITY-ST-ZIP	Cherry Plain, NY 12040	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	Melinda Marshall	
STREET ADDRESS	4062 Augusta Ln.	
CITY-ST-ZIP	Chico, CA 95973	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vicki B. Burns, Secretary*