


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 A
Secretary of State

DOCUMENT # P01000108556

1. Entity Name
ECONOFILTERS, INC.



Principal Place of Business 3701 NE 12 AVENUE POMPAÑO BEACH, FL 33064	Mailing Address 3701 NE 12 AVENUE POMPAÑO BEACH, FL 33064
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1154779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TER HORST, DIRK
 3701 NE 12 AVENUE
 POMPAÑO BEACH, FL 33064**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

1100000409496
 02/08/06-80100-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P	TER HORST, DIRK 3701 NE 12 AVENUE POMPAÑO BEACH, FL 33064
TITLE S	STROUD, NICHOLAS 3701 NE 12 AVENUE POMPAÑO BEACH, FL 33064
TITLE T	ROSENDO, ANGEL 3701 NE 12 AVENUE POMPAÑO BEACH, FL 33064
TITLE NAME	
TITLE NAME	
TITLE NAME	

DO NOT WRITE IN THIS SPACE

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 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:  1/27/06 954 977 5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #