

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120162

FILED
Apr 02, 2004
Secretary of State

Entity Name: E-CONNECT, INC.

Current Principal Place of Business:

4577 GUNN HWY
#102
TAMPA, FL 33624

New Principal Place of Business:

13607 STAGHORN ROAD
TAMPA, FL 33626

Current Mailing Address:

4577 GUNN HWY
#102
TAMPA, FL 33624

New Mailing Address:

13607 STAGHORN ROAD
TAMPA, FL 33626

FEI Number: 03-0375087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARU, RICHARD
13607 STAGHORN RD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DARU, RICHARD
Address: 13607 STAGHORN RD
City-St-Zip: TAMPA, FL 33626

Title: VP () Delete
Name: BRINKMANN, TAMMY
Address: 4577 GUNN HWY #102
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BRINKMANN, TAMMY
Address: 13607 STAGHORN ROAD
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DARU

P

04/02/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date