## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 25, 2007 08:00 AN DOCUMENT # P04000087491 **Secretary of State** EFC ASSOCIATES, INC. Principal Place of Business Mailing Address 11125 PARK BLVD 11125 PARK BLVD STE 104-305 STE 104-305 **SEMINOLE, FL 33772-4700 US** SEMINOLE, FL 33772-4700 US 01162007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0511148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CLARK, ERICA DO NOT WRITE 11125 PARK BLVD STE 104-305 IN THIS SPACE SEMINOLE, FL 33772-4700 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 Signature, typed or printed name of registered agent and trile it applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SITE U000000603303 CLARK, ERICA 01/29/07-80008-006 150.00 11125 PARK BLVD STE 104-305 STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 337724700 MLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TILLE

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 the man 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 and Block 10 or Block 11 in the chapter on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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