2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

01-23-2006 90114 030 ***150 00

Change

Change

Change

Change

Addition

Addition

☐ Addition

Addition

1. Entity Nam	MEN 1 # 453093 e E CAPITAL MANAGEMEN	NT CORPORATION		01-23-2006 90114 030 *** 130.00
Principal Place of Business Mailing Address				
80 EMERALD COURT PO BOX 2626		80 EMERALD COURT PO BOX 2626 Satellite Beach, Fl	32937	I INDRIN BURGI BURGA DUN BARKE LEJARA IRIN BURUL BURU BURU BURUK AJAK BURUH AJAK BURUK AJAK BURUK BURUK BURUK
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006 Chg-P CR2E034 (11/05)
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For 59-1549286 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
211 NE 18	NRY L., JR FT ST. LLE, FL 32601		Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
the obligation of the state of	named entity submits this statement ions of registered agent. Signature, speed or purised name of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	ern and trise & applicable. (NO 9. Election Campa	TE: Registered Agent signature in aign Financing	equired when renstang) DATE \$5.00 May Be Added to Fees
10	10. OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	STD ADAMS, ANTONINA M	Defete	TITLE V	ICE PRESIDENT, DIRECTOR Change BAddition
STREET ADDRESS CITY-ST-ZIP	80 EMERALD COURT SATELLITE BCH, FL 00000,		STREET ADDRESS &	O EMPRALD COURT ATELLITE BEACH, FL 31937
TITLE	PD	☐ Delete	TITLE	Crange Addition
NAME	ADAMS, ROBERT A		NAME	
STREET ADDRESS	80 EMERALD COURT		STREET ADORESS	
CITY-ST-7IP	SATELLITE BOH EL 00000		CITY-ST-7IP	

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 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY+ST+ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: A - Address - RESIDENT ROBERT A - ADAMS 1-19-06 321-777-1969

Designature and typed on printed Marke of Bid Hand OFFICER OR DIRECTOR - ADAMS 1-19-06 321-777-1969

Delete

☐ Delete

☐ Detete

De lete

TITLE

NAME

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP