2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90047 010 ***158.75

DOCUMENT # 673825

1. Entity Name
ELECTRONIC CONTROL ENGINEERING, INC.

Principal Place of Business	Mailing Address
17200 S.W. 87TH AVE. C/O LAWRENCE J. WANSCHEK MIAMI, FL 33157	17200 S.W. 87TH AVE. C/O LAWRENCE J. WANSCHEK MIAMI, FL 33157

02212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
9380 SW 104th Street		9380 SW 104th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33176	Country: USA	Zip: 33176	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ● Not Applicable

5. Certificate of Status Desired ■ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WANSCHEK, LAWRENCE J. 17200 S.W. 87TH AVE. MIAMI, FL 33157	Name: Alfred R. Grass Street Address (P.O. Box Number is Not Acceptable): 9380 SW 104th Street City: Miami FL Zip Code: 33176

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] 02/22/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANSCHEK, LAWRENCE J. 17200 S.W. 87TH AVE. MIAMI, FL	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alfred R. Grass 9380 SW 104th St., Miami, FL 33176	■ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Alfred R. Grass 02/22/06 305 596-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #