


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 726466 1. Entity Name ECHO HOUSE, INC.						FILED 07 SEP 19 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 100 MARTIN LUTHER KING JR. AVENUE ST. AUGUSTINE, FL 32084-4802				Mailing Address 77 PARK PLACE ST AUGUSTINE, FL 32084			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent UPCHURCH, H. DAVIS JR ESQ 1510 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 reinstating) DATE _____							
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILES, CARLOTTA G 2115 YORKTOWN RD NW WASHINGTON, DC 20012	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODORE A. MILES 2115 YORKTOWN RD., NW WASHINGTON, DC 20012 200109872362 09/25/07--01007--023 **\$61.25 \$72/21		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLERT, DAVID 339 DELTONA BLVD ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISRAEL, DOROTHY H 850 A1A BEACH BLVD STE 82 ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOY, WALTER D 28 FAIRCHILD AVE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, RICHARD 7 MARSHVIEW AVE ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <i>Carlotha G. Miles, MD</i> - 9/14/07 1203462-7900							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							