

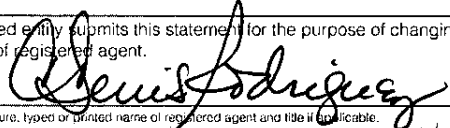
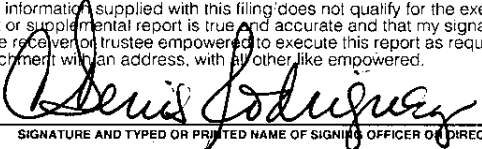


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02000001896					
1. Entity Name ECTEL INC.					
Principal Place of Business 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871			Mailing Address 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		
2. Principal Place of Business 8211 W BROWARD BLVD		3. Mailing Address 8211 W BROWARD BLVD			
Suite, Apt. #, etc. 460		Suite, Apt. #, etc.		11032004 Chg-P CR2E034 (10/03)	
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE		4. FEI Number 52-1330674	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENIS-RODRIGUEZ, CHRIS 1201 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33300 33324				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:  DATE: 11/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SHECH, AHARON 18 HASIVIM STREET PETAH TIKVA 49130 ISRAEL,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EITAN NAOR 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBINSTEIN, AVI 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP AVI GOLDSTEIN 8211 W. BROWARD BLVD. FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLEINSTEIN, ARIK 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HASAR SOLOMON 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL	<input checked="" 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	TREASURER SIGAL ZIGDON 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL	<input type="checkbox"/> Change <input checked="" 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	300042828823 11/17/04--01030--004 **61.25	<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	12/1/03	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: 11/10/04 954 351 4492 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

SEVP & CFO