


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F02000001896</b> 1. Entity Name ECTEL INC.	
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Principal Place of Business 8211 W. BROWARD BLVD. 460 FT. LAUDERDALE, FL 33324	Mailing Address 8211 W. BROWARD BLVD. 460 FT. LAUDERDALE, FL 33324
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1330674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DENIS-RODRIGUEZ, CHRIS  
8211 W. BROWARD BLVD.  
460  
FT. LAUDERDALE, FL 33324

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IN THIS SPACE**

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 Chris Rodriguez CHRIS DENIS-RODRIGUEZ 1/07/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAOR, EITAN 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GOLDSTEIN, AVI 8211 W. BROWARD BLVD. FT. LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON, HADAR 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIGDON, SIGAL 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000178148  
01/12/05-80015-025 150.00

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IN THIS SPACE**

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: AVI GOLDSTEIN 1/07/05 954 351 4492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #