

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 007 ***158.75

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DOCUMENT # F02000001896 1. Entity Name ECTEL INC.					
Principal Place of Business 8211 W. BROWARD BLVD. 460 FT. LAUDERDALE, FL 33324			Mailing Address 8211 W. BROWARD BLVD. 460 FT. LAUDERDALE, FL 33324		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01252006 Chg-P CR2E034 (11/05)	
4. FEI Number 52-1330674				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENIS-RIDRIGUEZ, CHRIS 8211 W. BROWARD BLVD. 460 FT. LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent Name: <u>Miriam Meislik</u> Street Address (P.O. Box Number is Not Acceptable): <u>8211 W. Broward Blvd.</u> <u># 460</u> City: <u>Ft. Lauderdale</u> FL Zip Code: <u>33324</u>		
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: <u>Miriam Meislik - Miriam Meislik</u> 4/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 NAOR, EITAN 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAOR, EITAN 10 AMAL STREET AFEK INDUSTRIAL PARK, 48092 ISRAEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GOLDSTEIN, AVI 8211 W. BROWARD BLVD. FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FAINARO, RON 10 AMAL STREET AFEK INDUSTRIAL PARK, 48092 ISRAEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON, HADAR 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON HADAR 10 AMAL STREET AFEK IND. PARK, 48092, ISRAEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIGDON, SIGAL 43 HASIVIM STREET PETAH TIKVA 49517 ISRAEL,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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: <u>RON FAINARO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>954-465-2400</u> <small>Daytime Phone #</small>		