


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 019 ***158.75

DOCUMENT # F02000005271
 1. Entity Name
ELECTRONIC TRANSACTION CONSULTANTS CORPORATION



Principal Place of Business Mailing Address
1200 EXECUTIVE DRIVE EAST, SUITE 100 **1200 EXECUTIVE DRIVE EAST, SUITE 100**
RICHARDSON, TX 75081 **RICHARDSON, TX 75081**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1705 North Plano Road **1705 North Plano Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02222007 Chg-P CR2E034 (12/06)

City & State City & State
Richardson, Texas **Richardson, Texas**
 Zip Country Zip Country
75081 **USA** **75081** **USA**

4. FEI Number Applied For
75-2807746 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PCS GALLAGHER, TIMOTHY 1200 EXECUTIVE DRIVE EAST, SUITE 100 RICHARDSON, TX 75081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Timothy D. Gallagher **4/6/07** **214 615 2323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #