2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AN
Secretary of State

Fee Required

DOCUMENT # F0200 1. Entity Name ECLINC.		
Principal Place of Business 5401 W KENNEDY BLVD STE 131 TAMPA, FL 33609	Mailing Address 5401 W KENNEDY BLVD STE 131 TAMPA, FL 33609	



DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number			Applied For
59-3411170		Γ	Not Applicable
5. Certificate of Status Desired	<u>F</u>	\$8.75	Additional

6. Name and Address of Current Registered Agent

FERNANDEZ, GISELLE A 5401 W KENNEDY BLVD STE 131 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registerer	Agent signature	required when reinstaling)	DATE
111 1				
	LE NOWIII FEE 1S \$150.00 9. Election Campaign Finan ue by September 6, 2006 Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRECTORS			I- ,, · ,,,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS FERNANDEZ, GISELLE A 5401 W KENNEDY BLVD #131 TAMPA, FL 33609			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPT MARTINSON, EUGENE W 5401 W KENNEDY BLVD #131 TAMPA, FL 33609			000000571635 07/21/06-80004-008 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
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TITLE .	_ ^			
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NAME STREET ADDRESS CITY-ST-ZIP	10 T MA (0) 11 SE / 11 SE / 12		n lett	
1 12. I hereby o	certify that the information supplied with this filing does not qualify for the exe	mptions cor	itained in Chapter 11	3. 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 Statules; 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: Giselle A. Fernandez, V.P. Joseph Tones Tones 1 1/19 7/5/66 813-875-2155