## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000006498

Entity Name: ECOR SOLUTIONS, INC.

FILED Nov 09, 2006 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:			
1075 ANDR SUITE I	-					
Current Mailing Address:			New Mailir	New Mailing Address:		
1075 ANDREW DRIVE SUITE I WEST CHESTER, PA 19380						
FEI Number: 31-1264655 FEI Number Applied For ( ) FEI Nu		FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE: ARNON E. GARONZIK						
	Electroni	c Signature of Registered Agent		Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DEFILIPPI, JOHI 68 BIRCH STRE PORT WASHING	ET ETON, NY 11050 Delete D L DRIVE, SUITE I	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  PCEO (X) Change ( ) Addition GARONZIK, ARNON E 1075 ANDREW DRIVE, SUITE I WEST CHESTER, PA 19380		
Title: Name: Address: City-St-Zip:		Delete ION E DRIVE, SUITE I	Title: Name: Address: City-St-Zip:	VPS (X) Change ( ) Addition SUDANO, PETER L 1075 ANDREW DRIVE, SUITE I WEST CHESTER, PA 19380		
Title: Name: Address: City-St-Zip:	WOODRUFF, PA	E DRIVE, SUITE. 160	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I GARRISON, WA 800 MANCHEST MEDIA, PA 1906	ER AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I PORFIDO, STAN 5204 WILSON D BETHESDA, MD	RIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNON E. GARONZIK PCEO 11/09/2006