
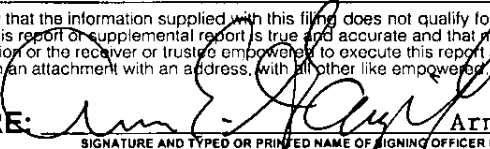


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2007 90013 041 \*\*\*150.00

<b>DOCUMENT # F04000006498</b> 1. Entity Name <b>ECOR SOLUTIONS, INC.</b>					
Principal Place of Business <b>1075 ANDREW DRIVE SUITE I WEST CHESTER, PA 19380</b>			Mailing Address <b>1075 ANDREW DRIVE SUITE I WEST CHESTER, PA 19380</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04032007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>31-1264655</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCOB</b> <input type="checkbox"/> Delete <b>DEFILIPPI, JOHN A</b> <b>68 BIRCH STREET</b> <b>PORT WASHINGTON, NY 11050</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <input type="checkbox"/> Delete <b>GARONZIK, ARNON E</b> <b>1075 ANDREW DRIVE, SUITE I</b> <b>WEST CHESTER, PA 19380</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <input checked="" type="checkbox"/> Delete <b>SUDANO, PETER L</b> <b>1075 ANDREW DRIVE, SUITE I</b> <b>WEST CHESTER, PA 19380</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>McCracken, Thomas L.</b> <b>1075 Andrew Drive, Suite I</b> <b>West Chester, PA 19380</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WOODRUFF, PAUL H</b> <b>740 SPRINGDALE DRIVE, SUITE. 160</b> <b>EXTON, PA 19341</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>855 Springdale Drive, Suite 100</b> <b>Exton, PA 19341</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GARRISON, WALTER R</b> <b>800 MANCHESTER AVE.</b> <b>MEDIA, PA 19063</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>238 Sycamore Mills Road</b> <b>Rose Tree, PA 19063</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PORFIDO, STANLEY M</b> <b>5204 WILSON DRIVE</b> <b>BETHESDA, MD 20814</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>Arnon E. Garonzik</b> 4/5/2007    610-431-8731 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		