2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004459

Entity Name: E2020, INC.

FILED Sep 07, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4110 N. SCOTTSDALE RD., #110 SCOTTSDALE, AZ 85252				4110 N. SCOTTSDALE RD. SUITE 110 SCOTTSDALE, AZ 85251			
Current Mailing Address:				New Mailing Address:			
4110 N. SCOTTSDALE RD., #110 SCOTTSDALE, AZ 85252				4110 N. SCOTTSDALE RD. SUITE 110 SCOTTSDALE, AZ 85251			
FEI Number:	31-1692050	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Na					Address of N	ew Registered Agent:	
SCALF, LANCE D DR 711 KENILWORTH RD TALLAHASSEE, FL 32312 US The charge parted entity submits this statement for the purpose of changing its registered effice or registered agent, or both							
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:							
Electronic 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:	STORZ, GENE 1884 E BARNIC	Delete CLE AVE TION, AZ 85219		Title: Name: Address: City-St-Zip:	PS (X) STORZ, GENE 1884 E BARNIC APACHE JUNCT		
Title: Name: Address: City-St-Zip:	TC (X) HANNA, JOHN I 9007 E CAMING SCOTTSDALE,	D DEL SANTO		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () KITE, BOB 6910 E 5TH AV SCOTTSDALE,			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () OLSON, LARRY 3045 S 35TH A' PHOENIX, AZ	VE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () RICHTER, DAV 13479 E SORR SCOTTSDALE,	EL LANE		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: GENE STORZ PS 09/07/2006