2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2006
Secretary of State

DOCUMENT# F05000007074

Entity Name: ECHELON3 TECHNOLOGIES, INC.

Current Principal Place of Business:

415 SOUTH BOSTON AVE., SUITE 850
TULSA, OK 74103

New Principal Place of Business:

Current Mailing Address:

415 SOUTH BOSTON AVE., SUITE 850
TULSA, OK 74103

New Mailing Address:

FEI Number: 43-1970327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXIS-NEXIS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: LEXIS-NEXIS, INC.
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:

Title: CP ( ) Delete
Name: MALONE, KEVIN
Address: 415 SOUTH BOSTON AVE., SUITE 850
City-St-Zip: TULSA, OK 74103

Title: VCVP ( ) Delete
Name: HUDSON, DEAN
Address: 415 SOUTH BOSTON AVE., SUITE 850
City-St-Zip: TULSA, OK 74103

Title: DST ( ) Delete
Name: CURTIS, CHRISTOPHER
Address: 415 SOUTH BOSTON AVE., SUITE 850
City-St-Zip: TULSA, OK 74103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DEAN HUDSON VCVP 10/12/2006
Electronic Signature of Signing Officer or Director Date