2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003
Secretary of State

DOCUMENT# F95000000129

Entity Name: ECAD FLORIDA CORPORATION

Current Principal Place of Business:

7310 CHERRY LAKE RD.
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

7310 CHERRY LAKE RD.
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 36-3640036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDIFRAWI, AHMED DR
16650 ROYAL PALM DR
GROVELAND, FL 34736 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELDIFRAWI, AHMED DR
Address: 16650 ROYAL PALM DR
City-St-Zip: GROVELAND, FL

Title: D ( ) Delete
Name: ABDEL-HAMEED, FATHI DR
Address: 2013 BUTLER BAY DR
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: ZAKI, KARIM DR
Address: 50 KORNISH EL NILE
City-St-Zip: CAIRO EGYPT,

Title: D ( ) Delete
Name: ELDIFRAWY, AMANY A MS
Address: 5802 NICHOLSON LANE 503
City-St-Zip: ROCKVILLE, MD

Title: D ( ) Delete
Name: HASHIM, ELMAHDALY D
Address: IEC P O BOX 7518 N/A
City-St-Zip: RIYADH, SA

Title: D ( ) Delete
Name: ERIAN, MOUNIR DR
Address: PO BOX 7897
City-St-Zip: RIYADH, SAUDI ARABIA,

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:

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 Section 119.07(3)(i), 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: AHMED ELDIFRAWI P 01/08/2003

Electronic Signature of Signing Officer or Director — Date