

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000005027



1. Entity Name
 ECHL, INC.

Principal Place of Business
 116 VILLAGE BLVD
 SUITE 304
 PRINCETON, NJ 08540

Mailing Address
 116 VILLAGE BLVD
 SUITE 304
 PRINCETON, NJ 08540



07062006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 54-1472984 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENNA, BRIAN 116 VILLAGE BLVD SUITE 304 PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABATINO, SCOTT 116 VILLAGE BLVD SUITE 304 PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARNEFIX, JACK 116 VILLAGE BLVD SUITE 304 PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWALD, HERB 2507 51ST ST HYATTSVILLE, MD 20781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFEVRE, DAVID 1270 AVE OF THE AMERICAS, STE. 18 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRUSH, CRAIG 11000 EVERGLADES PKWY. ESTERO, FL 33928

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 08/04/06-80008-018 61.25

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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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 7/28/06 609 452 6770