


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90039 016 \*\*\*\*61.25

<b>DOCUMENT # F95000005027</b>					
<b>1. Entity Name</b> ECHL, INC.					
<b>Principal Place of Business</b> 116 VILLAGE BLVD SUITE 304 PRINCETON, NJ 08540			<b>Mailing Address</b> 116 VILLAGE BLVD SUITE 304 PRINCETON, NJ 08540		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

J7052007    Chg-NP    CR2E037 (12/06)

<b>4. FEI Number</b> 54-1472984	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b>  _____ _____ _____ City: <span style="float: right;">FL</span> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCKENNA, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>116 VILLAGE BLVD SUITE 304</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PRINCETON, NJ 08540</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	MCKENNA, BRIAN		STREET ADDRESS	116 VILLAGE BLVD SUITE 304		CITY - ST - ZIP	PRINCETON, NJ 08540		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P/O/D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Brian McKenna</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>116 Village Blvd. Suite 304</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Princeton, NJ 08540</td> <td></td> </tr> </table>	TITLE	P/O/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Brian McKenna		STREET ADDRESS	116 Village Blvd. Suite 304		CITY - ST - ZIP	Princeton, NJ 08540	
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	MCKENNA, BRIAN																								
STREET ADDRESS	116 VILLAGE BLVD SUITE 304																								
CITY - ST - ZIP	PRINCETON, NJ 08540																								
TITLE	P/O/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Brian McKenna																								
STREET ADDRESS	116 Village Blvd. Suite 304																								
CITY - ST - ZIP	Princeton, NJ 08540																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">V</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SABATINO, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>116 VILLAGE BLVD SUITE 304</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PRINCETON, NJ 08540</td> <td></td> </tr> </table>	TITLE	V	<input checked="" type="checkbox"/> Delete	NAME	SABATINO, SCOTT		STREET ADDRESS	116 VILLAGE BLVD SUITE 304		CITY - ST - ZIP	PRINCETON, NJ 08540		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete																							
NAME	SABATINO, SCOTT																								
STREET ADDRESS	116 VILLAGE BLVD SUITE 304																								
CITY - ST - ZIP	PRINCETON, NJ 08540																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">SD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARNEFIX, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>116 VILLAGE BLVD SUITE 304</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PRINCETON, NJ 08540</td> <td></td> </tr> </table>	TITLE	SD	<input type="checkbox"/> Delete	NAME	CARNEFIX, JACK		STREET ADDRESS	116 VILLAGE BLVD SUITE 304		CITY - ST - ZIP	PRINCETON, NJ 08540		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete																							
NAME	CARNEFIX, JACK																								
STREET ADDRESS	116 VILLAGE BLVD SUITE 304																								
CITY - ST - ZIP	PRINCETON, NJ 08540																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GREENWALD, HERB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2507 51ST ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HYATTSVILLE, MD 20781</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	GREENWALD, HERB		STREET ADDRESS	2507 51ST ST		CITY - ST - ZIP	HYATTSVILLE, MD 20781		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	GREENWALD, HERB																								
STREET ADDRESS	2507 51ST ST																								
CITY - ST - ZIP	HYATTSVILLE, MD 20781																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEFEVRE, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1270 AVE OF THE AMERICAS, STE. 18</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEW YORK, NY 10020</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	LEFEVRE, DAVID		STREET ADDRESS	1270 AVE OF THE AMERICAS, STE. 18		CITY - ST - ZIP	NEW YORK, NY 10020		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	LEFEVRE, DAVID																								
STREET ADDRESS	1270 AVE OF THE AMERICAS, STE. 18																								
CITY - ST - ZIP	NEW YORK, NY 10020																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">C</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRUSH, CRAIG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11000 EVERGLADES PKWY.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ESTERO, FL 33928</td> <td></td> </tr> </table>	TITLE	C	<input checked="" type="checkbox"/> Delete	NAME	BRUSH, CRAIG		STREET ADDRESS	11000 EVERGLADES PKWY.		CITY - ST - ZIP	ESTERO, FL 33928		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">C</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Steve Chapman</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6400 Sugarloaf Parkway, Building 200</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Duluth, GA 30097</td> <td></td> </tr> </table>	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Steve Chapman		STREET ADDRESS	6400 Sugarloaf Parkway, Building 200		CITY - ST - ZIP	Duluth, GA 30097	
TITLE	C	<input checked="" type="checkbox"/> Delete																							
NAME	BRUSH, CRAIG																								
STREET ADDRESS	11000 EVERGLADES PKWY.																								
CITY - ST - ZIP	ESTERO, FL 33928																								
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Steve Chapman																								
STREET ADDRESS	6400 Sugarloaf Parkway, Building 200																								
CITY - ST - ZIP	Duluth, GA 30097																								

**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 lines empowered.**

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/07    609-952-0770

Date    Daytime Phone #