


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



J7052007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007

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

Make check payable to Florida Department of State

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

SIGNATURE:  **7/20/07** **609-952-0770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #