



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90017 026 \*\*\*\*61.25

<b>DOCUMENT # F95000005027</b>					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1472984	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, BRIAN		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 checked="" 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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFEVRE, DAVID		NAME	Matthew Riley	
STREET ADDRESS	1270 AVE OF THE AMERICAS, STE. 18		STREET ADDRESS	1001 Truxton Ave.	
CITY-ST-ZIP	NEW YORK, NY 10020		CITY-ST-ZIP	Bakersfield, CA 93303	
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, STEVE		NAME	Steve Chapman	
STREET ADDRESS	6900 SUGARLOUF PARKWAY BLDG 200		STREET ADDRESS	6400 Sugarloaf Pkwy, Bldg. 200	
CITY-ST-ZIP	DULUTH, GA 30097		CITY-ST-ZIP	Duluth, GA 30097	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		BRIAN MCKENNA		2/25/08 609-452-0710	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	