


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90025 001 ***150.00

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1. Entity Name
MICHAEL BIAMONTE AND ASSOCIATES, INC.



Principal Place of Business
 139 FULTON ST
 NEW YORK, NY 10038

Mailing Address
 611 DRUD RD. E
 # 403
 CLEARWATER, FL 33756

40012000

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



01052008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
13-3641170

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIAMONTE, MICHAEL
 % PERFECTLY BALANCED BOOKS
 133 GARDEN AVE N.
 CLEARWATER, FL 33755

Name **ECKI Future, Inc**
 Street Address (P.O. Box number is Not Acceptable)
1700 Ridgeway Dr
 City **Clearwater** FL Zip Code **33755**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP Delete
 NAME BIAMONTE, MICHAEL
 STREET ADDRESS 733 WEATHERSFIELD DR
 CITY-ST-ZIP DUNEDIN, FL 346987437

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME COPPOLI, ELIZABETH
 STREET ADDRESS 611 DRUID RD E # 403
 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 607, 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: _____ DATE **1/25/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #