2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G21333

Entity Name: EAST COAST UNDERGROUND, INC.

FILED Jan 15, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4606 S. CLYDE MORRIS BLVD. SUITE 2D

PORT ORANGE, FL 32129 US

Current Mailing Address: New Mailing Address:

4606 S. CLYDE MORRIS BLVD. SUITE 2D PORT ORANGE, FL 32129 US

FEI Number: 59-2276792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS M. OPFER, JR.

2041 RED ROBIN DR.

PORT ORANGE EL 32128 LIS

THOMAS M. OPFER, JR.

5450 CANNA COURT

PORT ORANGE EL 32128

PORT ORANGE, FL 32128 US PORT ORANGE, FL 32128 US

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.

SIGNATURE: 01/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 OPFER, THOMAS M JR,
 Name:
 OPFER, THOMAS M JR,

 Address:
 2041 RED ROBIN DR
 Address:
 5450 CANNA C OURT

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 OPFER, DELORES A.,
 Name:
 OPFER, DELORES A.,

 Address:
 2041 RED ROBIN DR
 Address:
 5450 CANNA COURT

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES A. OPFER VP 01/15/2007