2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G33756 1. Entity Name ELECTRIC CONTROLS, INC.



FILED Jan 09, 2006 08:00 AN Secretary of State

Principal Place of Business

1406 NORTH 16TH STREET TAMPA, FL 33605 Mailing Address

1406 NORTH 16TH STREET TAMPA, FL 33605

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DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2281550

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, HARRY III 1406 NORTH 16TH ST TAMPA, FL 33605

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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.....

Signature, typed or printed name of registered agent and little if applicable

"(NOTE Registered Agent signature required when reinstalling)

· · DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P CUNNINGHAM, HARRY III 11802 BULLFROG CREEK ROAD GIBSONTON, FL 33534	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANDERGRIFF, MICHAEL 7419 RICHLAND ST WESLEY CHAPEL, FL	TV 1811.	
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01/11/06-80002-021 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 outh; 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:

NATURE AND TYPED OR PRINTED AME OF SIGNING

AME OF SIGNING OFFICER OR DIRECTOR

1-5-06 813-247-2136

Daytime Prione #