

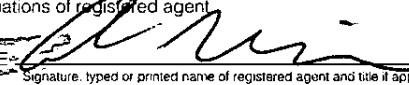
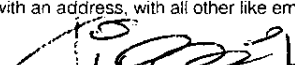


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K21509 1. Entity Name ECO-DATA INTERNATIONAL, INC.						FILED 04 DEC -3 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 407 NE 23RD AVE. FORT LAUDERDALE FL 33301				Mailing Address 407 NE 23RD AVE. FORT LAUDERDALE FL 33301			
2. Principal Place of Business		3. Mailing Address				 RECEIVED MOORE CR2E034 (4/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0045632		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WIESCHENBERG, CARL L. 1 LAS OLAS CIRCLE APT. 815 FORT LAUDERDALE FL 33308				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Carl L. Wieschenberg </div> <div style="width: 20%; text-align: right;"> 11-29-04 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>			
9. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KILLEIT, KARL-HEINZ			NAME	100042293801		
STREET ADDRESS	407 N.E. 23RD AVE.			STREET ADDRESS	11/12/04--01060--005 **200.00		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP	DR 12/3		
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			
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			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	100042293801		
STREET ADDRESS				STREET ADDRESS	10/28/04--01068--027 **550.00		
CITY-ST-ZIP				CITY-ST-ZIP			
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 exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-4-04 <small>Date</small>			
				<small>Daytime Phone #</small>			