2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 03, 2006 08:00 AM DOCUMENT # K29329 Secretary of State Entity Name ECHO ENGINEERING INC. Principal Place of Business Mailing Address 7105 HALIFAX CT. 7105 HALIFAX CT. **TAMPA FL 33685 TAMPA FL 33685** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0103911 Not Appli⊕ Zio Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAUL NOWAX 7105 HALIFAX CT. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** City 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. Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Delete tateBILE ☐ Chance NAME NOWAK, PAUL NAME 02/13/06-80017-020 150.00 STREET ADDRESS 7105 HALIFAX CT. STREET ADDRESS CCTY-ST-ZIP TAMPA FL CITY-ST-21P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRELT AUDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete 117t F Change Add::. MAME NAME STREET ADDRESS STHEEL ADDRESS CHEY-ST-ZTP CATY-ST-ZIP SILLE ☐ Delete TITLE ☐ Channe T Address NAME NAME STREET ACCRESS STREET ADDRESS C17Y-S7-Z1P GITY-ST-76P ☐ Delete 71T) F Change Additio: NAME NAME STREET ADDRESS STREET ADDRESS City-St-21P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-702 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and eccurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the ecceiver or trustee empoweres 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.

aul Nowak

SIGNATURE:

FILED