

DOCUMENT # K75480

1. Entity Name
EAST COAST LASER & COMPUTER TECHNOLOGY, INC.



Principal Place of Business
1501 DECKER AVE.
#410
STUART, FL 34994 US

Mailing Address
RICHARD J. DUNGEY
1100 S. FEDERAL
STUART, FL 34995 US



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2941098

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DUNGEY, RICHARD J
3473 SE WILLOUGHBY BLVD
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$560.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROELLINGER, MARIAN 745 SW ST CROIX COVE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LINDSTROM, STEVEN R. 2966 SE DALHART RD PORT SAINT LUCIE, FL 34952
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04-05-07-80012-017 150.00

PAID
13654
3/26/07

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: Marian Roellinger MARIAN ROELLINGER 3/26/07 72 288 1867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #