2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11569

Apr 29, 2007 Secretary of State

Entity Name: EMERGENCY CONTINGENCY PLANS, INC.

Current Principal Place of Business: New Principal Place of Business:

ST. PETERSBURG, FL 33742 US

Current Mailing Address: New Mailing Address:

P O BOX 20002

ST PETERSBURG, FL 33742002 US

FEI Number: 59-2964438 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:

FISHER & SAULS, P.A. 100 2ND AVE. S.

ST. PETERSBURG, FL 33701 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:

Title:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: DPTS () Delete AIKEN, CYNTHIA J Name: 5000 GANDY BLVD

Address: City-St-Zip: TAMPA, FL 33611

Title: () Delete

Name: AIKEN, ROY E 5000 GANDY BLVD Address: TAMPA, FL 33611 City-St-Zip:

AIKEN, CYNTHIA J Name: 4235 57TH AVENUE NORTH Address:

City-St-Zip: ST. PETERSBURG, FL 33714

Title: (X) Change () Addition Name:

DPTS

AIKEN, ROY E

4235 57TH AVENUE NORTH Address: ST. PETERSBURG, FL 33714 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROY E. AIKEN С 04/29/2007