2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19468

City-St-Zip:

JACKSONVILLE, FL 32225

Entity Name: ENVIRONMENTAL CAPITAL HOLDINGS INC.

FILED Feb 01, 2005 Secretary of State

Littly Nai	IIIe. LIVIRO	NIVIENTAL CAPITAL HOLDING	3, INC.		
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
6622 SOUTHPOINT DRIVE SOUTH STE. 310					
JACKSON	IVILLE, FL 32:	216			
Current Mailing Address:			New Maili	ing Address:	
6622 SOUTHPOINT DRIVE SOUTH					
STE. 310 JACKSON	IVILLE, FL 32	216			
FEI Number: 59-2993987 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:	
50 N. LAU SUITE 260	RA ST.	USSELL, LLP 202 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	DCP (ALBRIGHT, GE 1690 HEMPFIE YORK, PA 17-	ELD DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ALBRIGHT, GEORGE F 1690 HEMPFIELD DR YORK, PA 17404	
Title: Name: Address: City-St-Zip:	D (DER KINDERE 20 PARK AVE, NEW YORK, N	APT 7	Title: Name: Address: City-St-Zip:	DC (X) Change () Addition DER KINDEREN, MARC 20 PARK AVE, APT 7 NEW YORK, NY 10016	
Title: Name: Address: City-St-Zip:	MULDER, FRE	/EG 35/10, 1213 TL HILVERSUM	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVT (WEEKS, CONI 6858 PLUM LA JACKSONVILL	KE LANE E	Title: Name: Address: City-St-Zip:	DPST (X) Change () Addition WEEKS, CONNIE L 6858 PLUM LAKE LANE E JACKSONVILLE, FL 32250	
Title: Name: Address:	DVS (BOLLMAN, INI 10927 HEATHI		Title: Name: Address:	D (X) Change () Addition BOLLMAN, INDIE B 10927 HEATHEIELD RD	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip: JACKSONVILLE, FL 32225

SIGNATURE: CONNIE L. WEEKS DPST 02/01/2005