
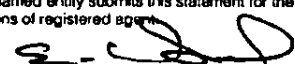
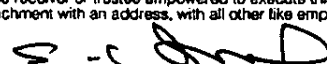


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-01-2006 90292 047 ***150.00

DOCUMENT # L45289 1. Entity Name E. C. SAMUEL, INC.							
Principal Place of Business %E. C. SAMUEL 1735 LAKESHORE CIRCLE FT. LAUDERDALE, FL 33326		Mailing Address %E. C. SAMUEL 1735 LAKESHORE CIRCLE FT. LAUDERDALE, FL 33326					
DO NOT WRITE IN THIS SPACE		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">66019703</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04132006 No Chg-P CR2E034 (11/05) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"> 4. FEI Number 65-0167058 </td> <td style="width: 30%; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 65-0167058	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0167058	Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SAMUEL, E. C. 1735 LAKESHORE CIRCLE FT. LAUDERDALE, FL 33326		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: 6/13/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	PTD						
NAME	SAMUEL, E. C.						
STREET ADDRESS	1735 LAKESHORE CIRCLE						
CITY - ST - ZIP	FT. LAUDERDALE, FL						
TITLE	VS						
NAME	SAMUEL, MARIAMMA						
STREET ADDRESS	1735 LAKESHORE CIRCLE						
CITY - ST - ZIP	FT. LAUDERDALE, FL						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
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: 		Date: 6/15/06 Daytime Phone #: 954-389-0499					