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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L91895 1. Entity Name ECIB PALM BEACH, INC.	
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Principal Place of Business 313 1/2 WORTH AVENUE PALM BEACH, FL 33480	Mailing Address 551 MADISON AVENUE SUITE 1601 NEW YORK, NY 10222
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FILED
06 JUL 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0226796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RUGGERI, ROBERTO 551 MADISON AVE, STE 1601 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>698/1</i>
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08/02/06--01061--021 **200.00

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, will call other, or empowered.

SIGNATURE: <i>Robert Ruggeri</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>7/6/06</i> <i>212-593-3570</i> <small>Date Daytime Phone #</small>
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