2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89579

Entity Name: ECHION U.S.A., INC.

FILED Feb 24, 2009 Secretary of State

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

8890 W OAKLAND PARK BLVD STE 201

SUNRISE, FL 33351

New Mailing Address: Current Mailing Address:

8890 W OAKLAND PARK BLVD STE 201 SUNRISE, FL 33351 US

FEI Number: 65-0104925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRAZIER, ROBERT W., JR JOHN F. HOTTE ESQ 350 EAST LAS OLAS BLVD C/O FRAZIER, HOTTE & ASSOC., P.A. 6500 N FEDERAL HWY SUITE 1700

FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33308 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: JOHN F. HOTTE ESQ 02/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

6550 N FEDERAL HWY STE 220

FORT LAUDERDALE, FL 33308

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSD () Delete Title:

Name: HOTTE, DANIEL, Name: HOTTE, DANIEL, 8890 W. OAKLAND PK BLVD. SUITE 201 8890 W. OAKLAND PK BLVD. Address: Address:

City-St-Zip: SUNRISE FL City-St-Zip: SUNRISE FL

Title: Title: () Delete (X) Change () Addition

Name: HOTTE, J. RENE. Name: HOTTE J. RENE.

8890 W. OAKLAND PK BLVD. 8890 W. OAKLAND PK BLVD. SUITE 201 Address: Address:

City-St-Zip: SUNRISE, FL City-St-Zip: SUNRISE, FL 33351

Title: (X) Change () Addition Title: AS () Delete **VPS** FRAZIER, ROBERT W, JOHN F. HOTTE, Name: Name:

6550 N FEDERAL HWY STE 220 350 EAST LAS OLAS BLVD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33301

Title: **VPS** (X) Delete Title: () Change () Addition HOTTE, JOHN

Name: Address: 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: DANIEL HOTTE **PSD** 02/24/2009