

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002800

FILED
Jul 26, 2006
Secretary of State

Entity Name: ECLECTIC RESTORATION, INC.

Current Principal Place of Business:

8220 CLEARY BLV. #2216
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

PO BOX 120184
FORT LAUDERDALE, FL 33312

New Mailing Address:

8220 CLEARY BLVD. #2216
PLANTATION, FL 33324

FEI Number: 81-0646826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, IVORY
3471 WEST BROWARD BLVD.
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

WILSON, IVORY
PO BOX 120184
FORT LAUDERDALE, FL 33312 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: JOY R. MATHIS

07/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHIS, JOY R
Address: 8220 CLEARY BLV. #2216
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: MATHIS, NEIL
Address: 8220 CLEARY BLV. #2216
City-St-Zip: PLANTATION, FL 33324

Title: C () Delete
Name: BYRD, ANTHONY
Address: 8220 CLEARY BLV. #2216
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOY R. MATHIS

PD

07/26/2006

Electronic Signature of Signing Officer or Director

Date