2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N04000009763

Entity Name: E & C GROUP INC.

Current Principal Place of Business:

3941 NW 207TH DR.
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

3941 NW 207TH DR.
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FCEO ( ) Change (X) Addition
Name: ANDRE, ELCY M MRS.
Address: 306 N WARE DR.
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: M ( ) Change (X) Addition
Name: BONY, CAROLE MS.
Address: 2122 12TH AVE.
City-St-Zip: N. MIAMI, FL 33179 US

Title: S ( ) Change (X) Addition
Name: ANDRE, FABRICE M MS.
Address: 306 N WARE DR.
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D ( ) Change (X) Addition
Name: BONY, BENNY MR.
Address: 2122 12TH AVE.
City-St-Zip: N. MIAMI, FL 33179

Title: D ( ) Change (X) Addition
Name: ANDRE, BERNARD MR.
Address: 306 N WARE DR.
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D ( ) Change (X) Addition
Name: ANDRE, NANCY
Address: 306 N. WARE DR.
City-St-Zip: WEST PALM BEACH, FL 33409 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. ELCY ANDRE FCEO 04/26/2005

Electronic Signature of Signing Officer or Director — Date