## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009763

Entity Name: E&CGROUPINC

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3941 NW 207TH DR. OPA LOCKA, FL 33055 **Current Mailing Address: New Mailing Address:** 3941 NW 207TH DR OPA LOCKA, FL 33055 FEI Number: 42-1648384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** ANDRE, ELCY MRS. 1203 GOVERNORS SQUARE BLVD 306 N. WARE DRIVE WEST PALM BEACH, FL, FL 33409 US SUITE 101 TALLAHASSEE, FL 323012960 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: ELCY ANDRE 04/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **FCEO** () Delete () Change () Addition ANDRE, ELCY M MRS. Name: Name: 306 N WARE DR. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition BONY, CAROLE MS. Name: Name: Address: 2122 12TH AVE. Address: City-St-Zip: N. MIAMI, FL 33179 US City-St-Zip: Title: () Delete Title: () Change () Addition ANDRE, FABRICE M MS. Name: Name: Address: 306 N WARE DR. Address: City-St-Zip: WEST PALM BEACH, FL 33409 US City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: BONY, BENNY MR. Name: Address: 2122 12TH AVE. Address: City-St-Zip: N. MIAMI, FL 33179 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ELCY ANDRE FCEO 04/28/2006

ANDRE, BERNARD MR.

WEST PALM BEACH, FL 33409 US

() Delete

WEST PALM BEACH, FL 33409 US

306 N WARE DR.

ANDRE, NANCY

306 N. WARE DR.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition