

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020954

Entity Name: EKOVIDA.COM, INC.

FILED
May 12, 2006
Secretary of State

Current Principal Place of Business:

1888-A NORTH UNIVERSITY DR.
PLANTATION, FL 33322

New Principal Place of Business:

600 N. PINE ISLAND RD
SUITE 450
PLANTATION, FL 33324

Current Mailing Address:

PO BOX 17018
PLANTATION, FL 333187018

New Mailing Address:

FEI Number: 65-0982794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, MICHAEL
8551 W SUNRISE BLVD STE 102
PLANTATION, FL 33322 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHIRLEY, MICHAEL
Address: 1888 N. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MICHAEL SHIRLEY

PRES

05/12/2006

Electronic Signature of Signing Officer or Director

_____ Date