2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

DOCUMENT # P00000044682 02-27-2006 90067 036 ***150.00 1. Entity Name E-COM CONSULTING, INC. Principal Place of Business Mailing Address 6818 PORTSIDE DRIVE BOCA RATON FL 33496 P.O. BOX 811236 BOCA RATON FL 33481 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City, & State ·City & State · 4. FEI Number Applied For 65-1004528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LLOYD, JOSHUA 6818 PORTSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** Zip Code 8. 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. I am familiar with, and accept the obligations of registered gent. <u> 2/12/06</u> SIGNATURE Signature Typed or printed name of reg (NOTE: Registered Agent signature retruined when reinstainly) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. RITLE Delete PSD TITLE Addition ☐ Change NAME LLOYD, JOSHUA STREET ADDRESS STREET ADDRESS P.O. BOX 811236 CDY-ST-ZIP **BOCA RATON FL 33481** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HALAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 people as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ICÉR OR DIRECTOR

FILED Mar 27, 2006 8:00 am Secretary of State

Daytime Phone #



March 2, 2006

E-COM CONSULTING, INC. P.O. BOX 811236 BOCA RATON, FL 33481

Subject: E-COM CONSULTING, INC.

Reference Number:

P00000044682

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION