


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000008248 1. Entity Name E.C.P. PROPERTIES, INC.	
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Principal Place of Business 525 N. STATE N. ROAD 7 MARGATE, FL 33063 US	Mailing Address 525 N. STATE N. ROAD 7 MARGATE, FL 33063 US
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DO NOT WRITE IN THIS SPACE



03302008 No Chg-P CR2E034 (11/05)

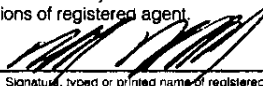
4. FEI Number 65-1084910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOUCHEBOEUF, MICHAEL
523-525 N. STATE N. ROAD 7
MARGATE, FL 33069

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IN THIS SPACE**

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 agent.

SIGNATURE  **DATE** 4/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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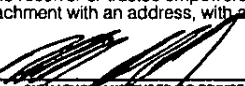
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOUCHEBOEUF, MICHAEL
STREET ADDRESS	523-525 N. STATE N. ROAD 7
CITY-ST-ZIP	MARGATE, FL 33069
TITLE	VP
NAME	MOUCHEBOERF, RITA
STREET ADDRESS	525 NORTH STATE RD 7
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/08-80075-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 4/1/08 **Daytime Phone #** 954-798-1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR