

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.	

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)

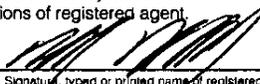
4. FEI Number 65-1084910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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  (NOTE: Registered Agent signature required when reinstating) DATE 4/1/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

U00000895613
 04/24/08-80075-010 150.00

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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:  (NOTE: Registered Agent signature required when reinstating) DATE 4/1/08 DAYTIME PHONE # 954-798-1123