## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000093932

Entity Name: ECOS GROUP, INC.

FILED Apr 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 14505 COMMERCE WAY SUITE 400 MIAMI LAKES, FL 33016 **Current Mailing Address: New Mailing Address:** 14505 COMMERCE WAY SUITE 400 MIAMI LAKES, FL 33016 FEI Number: 65-1149152 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: EVANS, CHARLES C 14505 COMMERCE WAY SUITE 400 MIAMI LAKES, FL 33016 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition EVANS, CHARLES C Name: Name: 14505 COMMERCE WAY SUITE 400 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: GIPE. TIMOTHY Name: 14505 COMMERCE WAY SUITE 400 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: ( ) Delete Title: Title: () Change () Addition SKWERES, MARK Name: Name: 14505 COMMERCE WAY SUITE 400 Address: Address: MIAMI LAKES, FL 33016 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition REED, DAVID Name: Name: Address: 14505 COMMERCE WAY SUITE 400 Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: Title: ( ) Delete () Change () Addition WALRAD, EDWIN E TREAS Name: Name: 14505 COMMERCE WAY SUITE 400 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: ( ) Delete Title: Title: () Change () Addition SALL, JAY Name: Name: 14505 COMMERCE WAY SUITE 400 Address: Address: City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33016

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: EDWIN WALRAD MGR 04/11/2006