2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 07, 2007 8:00 am Secretary of State **DOCUMENT # P01000103606** 06-07-2007 90004 025 ***150 00 1. Entity Name E & C TEC. CORP. Principal Place of Business Mailing Address 701 TREE ISLAND BLVD. 105 OLD OAK ROAD HENDERSONVILLE, NC 28791 APT #312 HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05112007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1148551 Not Applicable Ζiρ Country Zip Country \$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 VEGA, JOSE M 25 S.E. 2 AVE. #410 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 City Zip Code 8. The above named entity submits this statem nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. with, and accept the obligations of egister d agent. SIGNATURE 1 e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE Change TITLE ☐ Delete DPS ☐ Addition NAME DIAZ GUTIERREZ, JORGE ENRIQUE DIAZ GUTIERREZ OMAR D. NAME STREET ADDRESS 105 old Oak Dr. 105 OLD OAK ROAD STREET ADDRESS HENDERSONVILLE, NC 28791 CITY-ST-ZIP HENDERSONVILLE, NC 28791 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DIAZ GUTIERPEZ JORGE ENRIQUE NAME DIAZ GIRALDO, DIANA F NAME 105 Old Oak Dr. Hendersonville, NC 28791 STREET ADDRESS 701 TREE ISLAND BLVD STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME DIAZ GUTTERREZ, OMAR D NAME 105 OLD OAK ROAD STREET ADDRESS STREET ADDRESS HENDERSONVILLE, FL 28791 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

12. I hereby certify that the information supplied with this filling 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.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

(820)891-Zo*-*72