2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # P02000023853 1. Entity Name E.C.H. INTERIORS, INC.						04-23-2008	90042 0	17 ***150	0.00
i '	e of Business	Mailing Address			1				
	K KNOLL CIRCLE Dale, Fl. 33324	1611 W. OAK KNOLL CIRCLE Ft. Lauderdale, Fl. 33324							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Number 04-3611				plied For at Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curre	i ent Registered Agent	_L		7. Name and	Address of New F			
HIIGHES	ENA C			Name					
HUGHES, ENA C 1611 W. OAK KNOLL CIRCLE FORT LAUDERDALE, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	e
The above named entity submits this statement for the purpose of changing its register.				,		is the Ctate of El	FL.	·]	
	tions of registered agent.	it for the purpose of changing i	iis register	ed onice or regist	ered agent, or boli	i, in the State of Fi	onua. Laini	airillar wiui,	and accept
SIGNATURE.	Signature, typed or printed name of registered ag	sent and title if applicable (NC	OTE: Registere	id Agent signature requir	red when reinstation)	 	DATE		
					ed wholi chrotamy		DATE.		
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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:

San Q. Hush

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4.21.00

561. 79 (. 900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #