

2006 FOR PROFIT CORPORATION ANNUAL REPORT

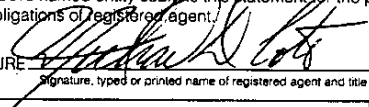
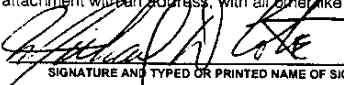
FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90185 040 ***150.00

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02242006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000070698			
1. Entity Name ETOC, INC.			
Principal Place of Business 8970 SOUTHERN ORCHARD RD SOUTH DAVIE, FL 33028		Mailing Address 8970 SOUTHERN ORCHARD RD SOUTH DAVIE, FL 33028	
2. Principal Place of Business 6530 N.W. 4 Street Suite, Apt. #, etc.		3. Mailing Address 6530 N.W. 4 Street Suite, Apt. #, etc.	
City & State Plantation FL Zip 33317 Country US		City & State Plantation FL Zip 33317 Country US	
4. FEI Number 41-2048052		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 COTE, MICHAEL D 8970 SOUTHERN ORCHARD RD SOUTH DAVIE, FL 33028		7. Name and Address of New Registered Agent Name Michael D Cote Street Address (P.O. Box Number is Not Acceptable) 6530 N.W. 4 Street City Plantation FL Zip Code 33317	
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 3/20/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTE, MICHAEL D 8970 SOUTHERN ORCHARD RD SOUTH DAVIE, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6530 N.W. 4 Street Plantation FL 33317 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE 3/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President		Daytime Phone #	