


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90011 021 ***150.00

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| DOCUMENT # P02000084070 | |  |
| 1. Entity Name ECHO DESIGNS, INC. | | |

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| Principal Place of Business 8645 HUNTFIELD ST. TAMPA, FL 33635 | Mailing Address 8645 HUNTFIELD ST. TAMPA, FL 33635 |
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| 2. Principal Place of Business - No P.O. Box # 2315 BENT TUBE RD | 3. Mailing Address 2315 BENT TUBE RD |
| Suite, Apt. #, etc. 2125 | Suite, Apt. #, etc. 2125 |
| City & State PLA HANSON FL | City & State PLA HANSON FL |
| Zip 34683 | Country USA |

40069306



03302008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 32-0024897 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ARNETTE, PAUL E 8645 HUNTFIELD ST. TAMPA, FL 33635 | | 7. Name and Address of New Registered Agent Name CINDY ARNETTE Street Address (P.O. Box Number is Not Acceptable) 2315 BENT TUBE RD #2125 City PLA HANSON FL Zip Code 34683 | |
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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 *Cindy Arnette* DATE 4/2/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARNETTE, PAUL E 8645 HUNTFIELD ST. TAMPA, FL 33635 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARNETTE, CINDY 8645 HUNTFIELD ST. TAMPA, FL 33635 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2315 BENT TUBE RD #2125 PLA HANSON, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Cindy Arnette* DATE 4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR