

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002409

Entity Name: ECMC SERVICES, INC.

FILED
Apr 04, 2006
Secretary of State

Current Principal Place of Business:

7819 N. DALE MABRY HWY
SUITE 102
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 262544
TAMPA, FL 33685 US

New Mailing Address:

7819 N. DALE MABRY HWY
SUITE 102
TAMPA, FL 33614 US

FEI Number: 56-2309772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLEY, BRUCE
7819 N. DALE MABRY HWY
SUITE 102
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: PRIETO, FRANK
Address: 13709 SW 51ST TERRACE
City-St-Zip: MIAMI, FL 33175 US

Title: VP () Delete
Name: KELLEY, BRUCE
Address: 7206 BEASLEY ROAD
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE KELLEY

VP

04/04/2006

Electronic Signature of Signing Officer or Director

Date