2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P03000108724** 04-21-2006 90113 006 ***150.00 1. Entity Name **ERCÓ CORPORATION** Principal Place of Business Mailing Address 1285 LANSING DRIVE 1285 LANSING DRIVE SPRING HILL, FL 34608 SPRING HILL, FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 80-0077626 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERCOLANO, DARREN W Street Address (P.O. Box Number is Not Acceptable) 1285 LANSING DRIVE SPRING HILL, FL 34608 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TITL F TITLE ERCOLANO, DARREN W NAME NAME STREET ADDRESS 1285 LANSING DRIVE STREET ADDRESS SPRING HILL, FL 34608 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

STREET ADDRESS CITY-ST-7IP

TITLE

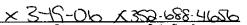
☐ Delete

SIGNATURE: X GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-718

CITY-ST-ZIP

TITLE NAME STREET ADDRESS



☐ Addition

☐ Change

FILED