

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122405

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: E C3 INC.

## Current Principal Place of Business:

3705 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

## New Principal Place of Business:

16356 EAST PREAKNESS DRIVE  
LOXAHACHEE, FL 33470

## Current Mailing Address:

3705 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

## New Mailing Address:

2620 COOLIDGE STREET  
HOLLYWOOD, FL 33916

FEI Number: 05-0588204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOLZ, DAVID G  
2620 COOLIDGE STREET  
HOLLYWOOD, FL 330201941 US

## Name and Address of New Registered Agent:

BOLZ, DAVID G CBSE  
2619 COOLIDGE STREET  
HOLLYWOOD, FL 33020 US

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: DAVID G. BOLZ

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BOLZ, DAVID G CBSE  
Address: 3705 EDGEWOOD AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: VP ( ) Delete  
Name: MEDRANO, ARITMA  
Address: 16356 EAST PREAKNESS DRIVE  
City-St-Zip: LOXAHACHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BOLZ, DAVID G CBSE  
Address: 2619 COOLIDGE STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP (X) Change ( ) Addition  
Name: TORRES, MARIO M  
Address: 2619 COOLIDGE ST  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID G. BOLZ

PRES

03/21/2005

Electronic Signature of Signing Officer or Director

Date