

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122405

FILED
Feb 21, 2006
Secretary of State

Entity Name: E C3 INC.

Current Principal Place of Business:

16356 EAST PREAKNESS DRIVE
LOXAHACHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

2620 COOLIDGE STREET
HOLLYWOOD, FL 33916

New Mailing Address:

2619 COOLIDGE STREET
HOLLYWOOD, FL 33020

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TORRES, MARION 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 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: DAVID G.BOLZ

PRES

02/21/2006

Electronic Signature of Signing Officer or Director

_____ Date