

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90566 004 ***150.00

DOCUMENT # P04000095333	
1. Entity Name ECN HOLDINGS, INC.	



Principal Place of Business 1050 NW 1ST AVE - # 10 BOCA RATON, FL 33432	Mailing Address 1050 NW 1ST AVE - # 10 BOCA RATON, FL 33432
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2. Principal Place of Business 601 N. Congress Ave. Suite, Apt. #, etc. 209 City & State Delray Beach, FL, Zip 33445 Country USA	3. Mailing Address 601 N. Congress Ave. Suite, Apt. #, etc. 209 City & State Delray Beach, FL, Zip 33445 Country USA
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04282005 Chg-P CR2E034 (10/03)

4. FEI Number 56-2468114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALLINGER, MARTIN R COMPSON FINANCIAL CENTER 980 N FEDERAL HWY - STE 302 BOCA RATON, FL 33432-2704	7. Name and Address of New Registered Agent Name John Bonani Street Address (P.O. Box Number is Not Acceptable) 601 N. Congress Ave., Suite #209 City Delray Beach FL Zip Code 33445
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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 John Bonani, President DATE 4/27/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTS BONANI, JOHN 1050 NW 1ST AVE - # 10 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. Congress Ave., #209 Delray Beach, FL, 33445
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPSD BONANI, GAIL 1050 NW 1ST AVE - # 10 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. Congress Ave., #209 Delray Beach, FL, 33445
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
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
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
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 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 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 **John Bonani, President** DATE 4/27/05 (561) 392-7669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR