2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000121382

Entity Name: ECS MOVING SERVICES, INC.

Current Principal Place of Business:

%GULF COAST TITLE CLOSING & ESCROW SVS INC
32815 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

%GULF COAST TITLE CLOSING & ESCROW SVS INC
32815 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 74-3128753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORENSEN, HENRY T II
% GULF COAST TITLE
32815 US HWY 19 NORTH
PALM HARBOR, FL 34684 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: D ( ) Delete
Name: SORENSEN, ERIC C
Address: 3855 ELOISE ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: SORENSEN, HENRY T
Address: 10610 WEYBRIDGE DR
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: WEHLAU, CHERYL
Address: 4942 FELECITY WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: WEHLAU, CHERYL
Address: 3009 KENSINGTON TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

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: EDMUND J OMAN CFO 04/27/2005

Electronic Signature of Signing Officer or Director — Date