

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046080

FILED
Apr 28, 2009
Secretary of State

Entity Name: EMERGENCY CONTACT NETWORK, INC.

Current Principal Place of Business:

210 SEASPRING
PALM BEACH, FL 33480 US

New Principal Place of Business:

210 SEASPRAY AVENUE
PALM BEACH, FL 33480 US

Current Mailing Address:

C/O MARIO G DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD, SUITE 1302
WELLINGTON, FL 33414

New Mailing Address:

C/O MARIO G DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD, SUITE 1302
WELLINGTON, FL 33414 US

FEI Number: 20-1255638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIO G DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD, SUITE 1302
WELLINGTON, FL 33414 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: PD () Delete
Name: QUINN, OLIVER
Address: 210 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480 US

Title: STD () Delete
Name: REILLY, ANDREW
Address: 210 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480 US

Title: AS () Delete
Name: DE MENDOZA, MARIO G III
Address: 12765 FOREST HILL BLVD SUITE 1302
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change () Addition
Name: DE MENDOZA, MARIO G III
Address: 12765 FOREST HILL BLVD SUITE 1302
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify 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: OLIVER QUINN

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date