

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90103 001 \*\*\*\*\*8.75  
08-24-2006 90103 002 \*\*\*150.00

<b>DOCUMENT # P05000097540</b>		
1. Entity Name <b>EXECUTIVE CONNECTIONS INTERNATIONAL, INC.</b>		

Principal Place of Business <b>5118 RIVIERA DR. CORAL GABLES, FL 33146</b>	Mailing Address <b>5118 RIVIERA DR. CORAL GABLES, FL 33146</b>
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08152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business <b>1854 S.W. 151<sup>st</sup> Place</b>	3. Mailing Address <b>1854 SW 151<sup>st</sup> Place</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33185</b>	Zip <b>33185</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>74-3147908</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CARROLL, DESIREE 7601 E TREASURE DR SUITE 1610 N BAY VILLAGE, FL 33141</b>	
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7. Name and Address of New Registered Agent Name <b>Desiree Carroll</b> Street Address (P.O. Box Number is Not Acceptable) <b>1854 SW 151<sup>st</sup> Place</b> City <b>Miami</b> FL Zip Code <b>33185</b>	
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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 <i>Desiree Carroll</i> 8/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>DLG / we were displaced by 151<sup>st</sup> care in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. We have moved twice.</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARROLL, DESIREE 7601 E TREASURE DR SUITE 1610 N BAY VILLAGE, FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Desiree Carroll 1854 SW 151<sup>st</sup> Place Miami, Florida 33185</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: <i>Desiree Carroll</i>	8/15/06	305-229-6800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>