2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# P05000106534

Entity Name: ECLECTIC THREE, INC.

Current Principal Place of Business:

4955 SW 4TH STREET
MARGATE, FL 33068

New Principal Place of Business:

4706 COCONUT CREEK PKWY
SUITE 938716
MARGATE, FL 33063

Current Mailing Address:

P.O. BOX 938716
MARGATE, FL 33068

New Mailing Address:

4706 COCONUT CREEK PKWY
SUITE 938716
MARGATE, FL 33068

FEI Number: 20-3263088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALLES, EVELYN
P.O. BOX 938716
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

VALLES, EVELYN
4706 COCONUT CREEK PKWY
SUITE 938716
MARGATE, FL 33068 US

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: 03/12/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCOTT, KATHY A
Address: P.O. BOX 938716
City-St-Zip: MARGATE, FL 33068

Title: DV ( ) Delete
Name: VALLES, EVELYN
Address: P.O. BOX 938716
City-St-Zip: MARGATE, FL 33068

Title: DST ( ) Delete
Name: TAM, THOMAS
Address: P.O. BOX 938716
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: EVELYN VALLES VP 03/12/2007
Electronic Signature of Signing Officer or Director — Date