2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137776

Entity Name: E T FINANCIAL SERVICES, INC.

FILED Feb 08, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

5706 CLARK ROAD 2200 KINGS HIGHWAY

SARASOTA, FL 34233 US

PORT CHARLOTTE, FL 33980 US

Current Mailing Address: New Mailing Address:

5706 CLARK ROAD

SARASOTA, FL 34233 US

FEI Number: 20-3591832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKER, MICHAEL L 5702 CLARK ROAD

SARASOTA, FL 34233 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

Title:

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

9630 CLUB SOUTH CIRCLE UNIT 6107

(X) Change () Addition

(X) Change () Addition

() Change (X) Addition

Title: PSD () Delete DONNELLY, EDWARD Name:

166 ISLAND CIRCLE Address:

City-St-Zip: SARASOTA, FL 34242 US

() Delete Title: VSTD PARSONS, WILLIAM T Name: 4932 WINDFLOWER CIRCLE Address:

SARASOTA, FL 34241 US City-St-Zip:

Title: () Delete Name:

Address:

4932 WINDFLOWER CIRCLE SARASOTA, FL 34241 US City-St-Zip:

DONNELLY, EDWARD

PARSONS, WILLIAM T

SARASOTA, FL 34238 US

Name: PARSONS, TERESA C 4932 WINDFLOWER CIRCLE Address: City-St-Zip: SARASOTA, FL 34241

TSD

VSPD

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: TERESA C PARSONS **VSPD** 02/08/2006