2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000142039

1. Entity Name

E.C. CHARTERED SERVICES INC.



Principal Place of Business

6845 LANDINGS DR. #203 LAUDERHILL, FL 33319 Mailing Address

6845 LANDINGS DR. #203 LAUDERHILL, FL 33319

FILED May 11, 2007 08:00 AM Secretary of State



05022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3814854 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COLE, EVERTON 20824 SAN SIMEON WAY, #103 N MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

| 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 | Signature, typed or printed name of registered agent and title | erf applicable (NOTE Registered | Agent signature | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | P COLE, EVERTON 20824 SAN SIMEON WAY #103 N MAIMI, FL 33179 | | | | U00000763572 05/30/07-80015-024 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SMIKLE, CAROLINE 14975 75 LN N LOXAHATCHEE, FL 33470 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DONALDSON, KAREN 527 45TH ST WEST PALM BEACH, FL 33407 | | | DO | NOT WRITE |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| THILE NAME STREET ADDRESS | | | 2 | | |

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

TITLE
NAME
STREET ADORESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-8-07

Day