



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90369 015 \*\*\*150.00

<b>DOCUMENT # P06000156480</b> 1. Entity Name <b>ECOLITE TECHNOLOGIES INC.</b>																													
Principal Place of Business <b>815 WEST BOYNTON BEACH BLVD 15-206 BOYNTON BEACH, FL 33426</b>			Mailing Address <b>815 WEST BOYNTON BEACH BLVD 15-206 BOYNTON BEACH, FL 33426</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
03062007 Chg-P CR2E034 (12/06)				4. FEI Number <b>20-8138098</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>ASHBY, WAYNE 815 WEST BOYNTON BEACH BLVD 15-206 BOYNTON BEACH, FL 33426</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PRES</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ASHBY, WAYNE MR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 WEST BOYNTON BEACH BVD SUITE 15-206</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOYNTON BEACH, FL 33426</td> <td></td> </tr> </table>			TITLE	PRES	<input type="checkbox"/> Delete	NAME	ASHBY, WAYNE MR		STREET ADDRESS	815 WEST BOYNTON BEACH BVD SUITE 15-206		CITY- ST- ZIP	BOYNTON BEACH, FL 33426		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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.																													
<b>SIGNATURE: <u>Wayne Ashby</u> 05/03/2007 561 369-4015</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													