## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P18499

1. Entity Name

ENTIRE CAR PROTECTION INCORPORATED

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Principal Place of Business

1333 BURR RIDGE PARKWAY STE. 200

BURR RIDGE, IL 60521

Mailing Address

1333 BURR RIDGE PARKWAY Ste. 200

BURR RIDGE, IL 60521

### FILED Jun 05, 2006 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

05262006 No C

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-2842424

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

# 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.			
			U0000056	36671

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

06/05/06-8<u>0</u>002-007 150.0

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

#### OFFICERS AND DIRECTORS 10. CD TITLE GARMAN, M. LAWRENCE NAME 1333 BURR RIDGE PKWY STE 200 STREET ADDRESS CITY-ST-ZIP BURR RIDGE, IL 60521 TITLE NAME BETTENDORF, LAWRENCE 1333 BURR RIDGE PKWY STE 200 STREET ADDRESS CITY-ST-ZIP BURR RIDGE, IL 60521 MIEHL, PETER C NAME STREET ADDRESS 1333 BURR RIDGE PKWY STE 200 CITY-ST-ZIP BURR RIDGE, IL 60521 TITLE FEELEY, MICHAEL A NAME STREET ADDRESS 1333 BURR RIDGE PKWY STE 200 CITY-ST-ZIP BURR RIDGE, IL 60521 TITLE -PIERONI, CHRISTOPHER G NAME STREET ADDRESS 1333 BURR RIDGE PKWY STE 200 BURR RIDGE, IL 60521 TITLE WEIZEORICK, GREGORY NAME 1333 BURR RIDGE PKWY STE 200 STREET ADDRESS CITY-ST-ZIP BURR RIDGE, IL 60521

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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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/31/06 (630/754-42/2

Daylime Phone #