
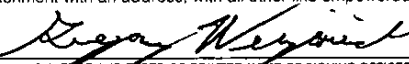


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 047 ***150.00

DOCUMENT # P18499 1. Entity Name ENTIRE CAR PROTECTION INCORPORATED			
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	
2. Principal Place of Business - No P.O. Box # 11210 Katherine's Crossing Suite, Apt. #, etc. Suite 100 City & State Woodridge, IL Zip 60517 Country USA		3. Mailing Address 11210 Katherine's Crossing Suite, Apt. #, etc. Suite 100 City & State Woodridge, IL Zip 60517 Country USA	
4. FEI Number 36-2842424		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02282007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CD GARMAN, M. LAWRENCE 1333 BURR RIDGE PKWY STE 200 BURR RIDGE, IL 60521	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO Bettendorf, F. Lawrence 11210 Katherine's Crossing Suite 100 Woodridge, IL 60517	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BETTENDORF, LAWRENCE 1333 BURR RIDGE PKWY STE 200 BURR RIDGE, IL 60521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP of Manufacturing Heraty, Michael 11210 Katherine's Crossing Suite 100 Woodridge, IL 60517	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV MIEHL, PETER C 1333 BURR RIDGE PKWY STE 200 BURR RIDGE, IL 60521	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11210 Katherine's Crossing Suite 100 Woodridge, IL 60517	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V FEELEY, MICHAEL A 1333 BURR RIDGE PKWY STE 200 BURR RIDGE, IL 60521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11210 Katherine's Crossing Suite 100 Woodridge, IL 60517	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V PIERONI, CHRISTOPHER G 1333 BURR RIDGE PKWY STE 200 BURR RIDGE, IL 60521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11210 Katherine's Crossing Suite 100 Woodridge, IL 60517	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V WEIZEORICK, GREGORY 1333 BURR RIDGE PKWY STE 200 BURR RIDGE, IL 60521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11210 Katherine's Crossing Suite 100 Woodridge, IL 60517	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/27/07 Daytime Phone # 630 754-4212	