

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051338

Entity Name: EFFICIENCY SYSTEMS, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

101 E KENNEDY BLVD
STE 4130
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10338
TAMPA, FL 33679

New Mailing Address:

FEI Number: 65-0494275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EIKMAN, EDWARD A
101 E KENNEDY BLVD
STE 4130
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EIKMAN, EDWARD A.
Address: 5116 WEST LONGFELLOW AVENUE
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: EIKMAN, E A
Address: 549 SUWANNEE CIR
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: EIKMAN, E A
Address: 463 LUCERNE AVE
City-St-Zip: TAMPA, FL 33606

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: /ALLANEIKMAN/

Electronic Signature of Signing Officer or Director

VP

04/29/2006

Date