


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000002199</b> 1. Entity Name E.C.D.G. LTD., INC.		
Principal Place of Business 1867 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 US		Mailing Address 1867 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  STILLER, CHARLENE H 5888 COLONY CT BOCA RATON, FL 33434		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U000000116060 04/16/04-80050-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STILLER, CHARLENE H 5888 COLONY CT BOCA RATON, FL 33433	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STILLER, L. GEORGE 5888 COLONY CT BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLER, ERIC C 5888 COLONY CT BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charlene H. Stiller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/13/04</u> Daytime Phone # <u>954-574-9340</u>