

2005 FOR PROFIT CORPORATION REINSTATEMENT


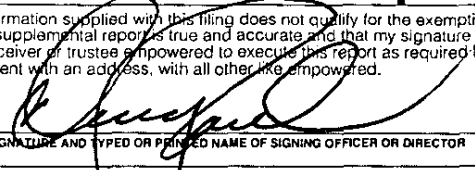
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 098 (6/04) 05

DOCUMENT # P95000017964					
1. Entity Name ECOLOGICAL TECHNOLOGIES INC.					
Principal Place of Business 572 S. COUNTRY CLUB DRIVE LAKE WORTH, FL 33462 US			Mailing Address 572 S. COUNTRY CLUB DRIVE LAKE WORTH, FL 33462 US		
2. Principal Place of Business 214 SOUTH H STREET Suite, Apt. #, etc. #5		3. Mailing Address PO BOX 244733 Suite, Apt. #, etc.			
City & State LAKE WORTH, FL		City & State BOYNTON BEACH, FL		4. FEI Number 65-0649407	
Zip 33460		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL, DENNIS 572 S COUNTRY CLUB DRIVE ATLANTIS, FL 33462			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					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP PAUL, DENNIS 572 S COUNTRY CLUB DRIVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	600063018936 01/09/06--01005--002 **150.00	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MARSHALL, JEFF 116 ILE DE MAI BOISBRIAND QC CANADA, 57g1r9	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 27-DECEMBER-2005 561-233-9900		