

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086255

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: ENERGY CONTROL SYSTEMS, INC.

**Current Principal Place of Business:**

323-10TH AVE. W.  
STE 304  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 570  
PALMETTO, FL 34220

**New Mailing Address:**

FEI Number: 59-3453641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKINNEY, S. KEITH JR, ESQ  
605 75TH AVE  
ST PETE BEACH, FL 33706    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:            ANDERSSON, WILLY  
Address:        PO BOX 570  
City-St-Zip:    PALMETTO, FL

Title:            AT            ( ) Delete  
Name:            LIMBERG, ANASTASIA H  
Address:        PO BOX 570  
City-St-Zip:    PALMETTO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            ANDERSSON, WILLY  
Address:        PO BOX 570  
City-St-Zip:    PALMETTO, FL 34220

Title:            AT            (X) Change ( ) Addition  
Name:            LIMBERG, ANASTASIA H  
Address:        PO BOX 570  
City-St-Zip:    PALMETTO, FL 34220

I hereby certify that the information supplied with this filing does not qualify 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: STACEY H. LIMBERG

AT

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date