2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029728

Entity Name: ECL. INC.

FILED Jan 20, 2009 Secretary of State

Littly Nai	ine. ECL, IIV	J.					
Current Principal Place of Business:				New Princ	ipal Place of	f Business:	
	BAISDEN, P 3RD AVENUE 33131						
Current Mailing Address:				New Mailing Address:			
	. BAISDEN, P 3RD AVENUE 33131						
FEI Number:	: 65-0925879	FEI Number Applied For ()	FEI Num	ber Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
ROSE, ELLEN M ESQ. THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2950 MIAMI, FL 33131 US				ROSE, ELLEN M ESQ. 4000 TOWERSIDE TERR 1205 MIAMI, FL 33138 US			
	named entity of Florida	submits this statement for the p	urpose of	changing i	its registered	office or registered agent, or both,	
SIGNATURE:				01/20/2009			
	Electro	nic Signature of Registered Age	ent			Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	ROSE, CHARI ONE QUAYSII MIAMI, FL 33	DE BLVD. #1611		Title: Name: Address: City-St-Zip: Title:	ROSE, CHARI ONE THOUSA MIAMI, FL 33	ND QUAYSIDE TERR. #1611	
Name: Address: City-St-Zip:	ROSE, ELLEN	SIDE TERRACE #1205		Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BAZARSKY, C 59 KAY BOUL NEWPORT, R	EVARD		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zin:	D (ROSE, LEO I 4845 WOODV ATLANTA GA	ALE DRIVE		Title: Name: Address: City-St-Zin:	() Change () Addition	

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: CHARLOTTE ROSE PRES 01/20/2009