


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90241 036 \*\*\*150.00

<b>DOCUMENT # P99000062138</b>	
1. Entity Name EC INVESTMENT SERVICES, INC.	

Principal Place of Business 8902 N. MILITARY TRAIL PMB 217 PALM BEACH GARDENS, FL 33410	Mailing Address 8902 N. MILITARY TRAIL PMB 217 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business <u>729 Buttonwood Rd.</u>	3. Mailing Address <u>729 Buttonwood Rd.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>North Palm Beach, FL</u>	City & State <u>North Palm Beach, FL</u>
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Zip <u>33408</u>	Country <u>USA</u>	Zip <u>33408</u>	Country <u>USA</u>
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04292006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GANZ, ERNEST D 630 37TH ST WEST PALM BEACH, FL 33407		Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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: Ernest Ganz ERNEST GANZ OWNER 4-29-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANZ, ERNEST D 8902 N MILITARY TRAIL #217 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>729 BUTTONWOOD RD</u> <u>NORTH PALM BEACH, FL 33408</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GANZ, CHRISTINE A 8902 N MILITARY TRAIL #217 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>729 BUTTONWOOD RD.</u> <u>NORTH PALM BEACH, FL 33408</u>
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
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 exemptions contained 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 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: Ernest Ganz ERNEST GANZ OWNER 4-29-06 (561) 776-0076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #