2008 FOR PROFIT CORPORATION

FILED te

ANNUAL REPORT				Apr 25, 2008 08:00			
	MENT # S56920			S	ecretary o	of Sta	
1. Entity Nam	ne EC CONSULTING & MANAGE						
		,					
Principal Plac	ce of Business	Mailing Address	1				
180 SE 2ND AVE DELRAY BEACH, FL 33444 180 SE 2ND AVE DELRAY BEACH, FL 33444							
DECIGII DEI	100,72 00777	DELIGHT DESIGN, TE 33444			NI BININ GRIJA INNIA NIGRI BANI	DENIA NICHA DININ RANGE DENIE DIRE	(1 59) (1 1 69)
	1		_	04232008	No Chg-P	CR2E034 (11/05)	
E	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb			plied For
•				65-026		No	t Applicable
	D a			5. Certificate	of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent				Harry Const.	
MULLEAVEY, JOHN J.				DO	NOT W	RITË 🐩	
1121 LAKE DRIVE DELRAY BEACH, FL 33444					THIS SP		
					ijilo or		
8 The above	e named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent or bo	who in the State of Flor	ide Lam familiar with	and accept
	tions of registered agent.	to purpose of one lighting its register	od only or regional	oo agom, or be	an, an incode of the	ida Tawaaniia way	and docopt
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registers	ed Agent signature required	when reinstating)		DATE	
		A 51-22-0-25-5			11000000	atte at the consense	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees		21685 0017-008 150	.00
10.	OFFICERS AND DI	RECTORS				्रेट अधिक के महत्त्वीर	
TITLE NAME	PVP MULLEAVEY, JOHN J.		*. •				d - held in a
STREET ADDRESS	1121 LAKE DRIVE		**	esi g faut	political of a The state of a		
CITY-ST-ZIP TITLE	DELRAY BEACH, FL		• • • • • • • • • • • • • • • • • • • •				
NAME	MULLEAVEY, DIANA E.		,	t*)			, ,
STREET ADDRESS CITY-ST-ZIP	1121 LAKE DRIVE DELRAY BEACH, FL			,	Barrier Barrier	h,	
TITLE						· m·	
NAME STREET ADORESS			,	.	NOT W	niër-	
CITY-ST-ZIP					NOT W		
TITLE NAME				, .IN [*] ,	THIS SP	ACE	- r
STREET ADDRESS CITY-ST-ZIP	•						,
TITLE							η
NAME STREET ADORESS					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADORESS CITY-ST-ZIP							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE							y; ' '
NAME STREET ADDRESS			*				$t_0 \rightarrow h_0$

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:

City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

561-243-6705