

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90042 024 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V66952

1. Corporation Name  
ENERGY CONSERVATION TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2042 SE GIFFEN AVE  
STE #6  
PT ST LUCIE FL 34952-5824  
US

Mailing Address  
2042 S.E. GRIFFEN AVE.  
PORT ST. LUCIE FL 34952-5824  
US

3. Date Incorporated or Qualified  
09/24/1992

4. FEI Number  
65-0361092

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 2042 S.E. GIFFEN AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 PORT ST. LUCIE, FL  
Zip  
24 34952-5824 Country  
25 ST. LUCIE

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

SIGLER, PAUL D  
2042 SE GIFFEN AVE  
SUITE 409  
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name  
CAPTAIN PAUL D. SIGLER

82 Street Address (P.O. Box Number is Not Acceptable)  
2042 S.E. GIFFEN AVE.

83

84 City  
PORT ST. LUCIE FL 85 Zip Code  
34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  
*Paul D. Sigler*

(NOTE: Registered Agent signature required when reinstating)

DATE  
3/23/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIGLER, PAUL D.	
STREET ADDRESS	2042 SE GIFFEN AVE	
CITY-ST-ZIP	PT ST. LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAUL D. SIGLER	
STREET ADDRESS	9550 S. OCEAN DR. #409	
CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TABONE, GRACIE M	
STREET ADDRESS	2042 SE GIFFEN AVE	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL D. SIGLER
2.3 STREET ADDRESS	2042 S.E. GIFFEN AVE
2.4 CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952-5824
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL D. SIGLER
3.3 STREET ADDRESS	2042 S.E. GIFFEN AVE
3.4 CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952-5824
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul D. Sigler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/23/99  
Daytime Phone #: (561) 335-2799

CR2E034 (1/98)