## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06995

FILED Apr 28, 2005 Secretary of State

Entity Name: ECONOLITE CONTROL PRODUCTS, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	A PALMA AVE. , CA 92806	US			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX ANAHEIM,	6150 , CA 92816015	0 US			
El Number	: 95-3196532	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
lame and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
200 S. PII	ORATION SYS NE ISLAND RC ION, FL 33324	DAD			
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered A	gent	Date	
lection Car	mpaign Financing	Trust Fund Contribution ( ).			
FFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
itle: ame: ddress:	AS () CLEVELAND, LI 3360 E. LA PAL	Delete ESLIE MA AVE.	Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	
itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	AS () CLEVELAND, LI 3360 E. LA PAL ANAHEIM, CA S	Delete ESLIE MA AVE. 92806 US Delete EL C DP MA AVE.	Title: Name:		
tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tty-St-Zip: tte: ame: ddress:	AS () CLEVELAND, LI 3360 E. LA PAL ANAHEIM, CA S DP () DOYLE, MICHA 3360 E. LA PAL ANAHEIM, CA S	Delete ESLIE MA AVE. 92806 US  Delete EL C DP MA AVE. 92806 US  Delete MA AVE.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	
tle: ame: ddress: tty-St-Zip: tle: ame: ddress: tty-St-Zip: tte: ame: ddress: tty-St-Zip: tte: ame: ddress:	AS () CLEVELAND, LI 3360 E. LA PAL ANAHEIM, CA S  DP () DOYLE, MICHA 3360 E. LA PAL ANAHEIM, CA S  T () PALMER, DON 3360 E LA PALM ANAHEIM, CA S  D () DOYLE, W. BRI ONE CORTEZ A	Delete ESLIE MA AVE. 92806 US  Delete EL C DP MA AVE. 92806 US  Delete WA AVE 92806 US  Delete Delete DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  T (X) Change ( ) Addition  PALMER, DON CFO 3360 E LA PALMA AVE	
DFFICER: itle: ame: ddress: ity-St-Zip:	AS () CLEVELAND, LI 3360 E. LA PAL ANAHEIM, CA S  DP () DOYLE, MICHA 3360 E. LA PAL ANAHEIM, CA S  T () PALMER, DON 3360 E LA PALM ANAHEIM, CA S  D () DOYLE, W. BRI ONE CORTEZ A SAN FRANCISC	Delete ESLIE MA AVE. 22806 US  Delete EL C DP MA AVE. 22806 US  Delete WA AVE 22806 US  Delete TT AVENUE CO, CA 94116 US  Delete WA AVE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  ( ) Change ( ) Addition  T (X) Change ( ) Addition  PALMER, DON CFO 3360 E LA PALMA AVE ANAHEIM, CA 92806 US  D (X) Change ( ) Addition  DOYLE, W. BRITT D  ONE CORTEZ AVENUE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE CLEVELAND AS 04/28/2005