

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06995

FILED
May 04, 2006
Secretary of State

Entity Name: ECONOLITE CONTROL PRODUCTS, INC.

Current Principal Place of Business:

3360 E. LA PALMA AVE.
ANAHEIM, CA 92806 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6150
ANAHEIM, CA 928160150 US

New Mailing Address:

FEI Number: 95-3196532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: CLEVELAND, LESLIE
Address: 3360 E. LA PALMA AVE.
City-St-Zip: ANAHEIM, CA 92806 US

Title: DP () Delete
Name: DOYLE, MICHAEL C DP
Address: 3360 E. LA PALMA AVE.
City-St-Zip: ANAHEIM, CA 92806 US

Title: T () Delete
Name: PALMER, DON CFO
Address: 3360 E LA PALMA AVE
City-St-Zip: ANAHEIM, CA 92806 US

Title: D () Delete
Name: DOYLE, W. BRITT D
Address: ONE CORTEZ AVENUE
City-St-Zip: SAN FRANCISCO, CA 94116 US

Title: SD () Delete
Name: DOYLE, LINDA SD
Address: 3360 E LA PALMA AVE
City-St-Zip: ANAHEIM, CA 92806 US

Title: D () Delete
Name: FRIEDMAN, MYRON D
Address: 1341 PALOS VERDES DRIVE
City-St-Zip: PALOS VERDES ESTATES, CA 90274 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE CLEVELAND

AS

05/04/2006

Electronic Signature of Signing Officer or Director

_____ Date