

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06995

FILED  
Mar 10, 2009  
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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: MARTIN, BRIAN  
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:

Title: T (X) Change ( ) Addition  
Name: TRACEY, JOHN CFO  
Address: 3360 E LA PALMA AVE  
City-St-Zip: ANAHEIM, CA 92806 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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: BRIAN MARTIN

AS

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date