- 2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Jan 24, 2005 08:00 AM Secretary of State		
DOCUMENT # P96000067772 1. Entity Name EKT, INC.						
400 POYDR STE 1850	ce of Business AS NS, LA 70130 US	Mailing Address 400 POYDRAS STE 1850 NEW ORLEANS, LA 70130	US			
DO NOT WRITE IN THIS SPAC			CE	01142005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0686802 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						
DARY DAVE C/O BESSCMER TRUST 222 ROYAL PALM WAY PALM BCH, FL 33480				DO NOT WRITE IN THIS SPACE		
 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FIL After M	E NOWIII FEE IS \$150.00 lay 1, 2005 Fee will be \$550.0 OFFICERS AND I			5.00 May Be Ided to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLER, FRANK III 400 POYDRAS ST STE 1850 NEW ORLEANS, LA 70130		*	U00000191593 01/24/05-80179-022 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLER, MILTON TROST 400 POYDRAS ST STE 1850 NEW ORLEANS, LA 70130					
TITLE D NAME FRIEDLER, CAROLYN H STREET ADDRESS 400 POYDRAS ST STE 1850 CITY-ST-ZIP NEW ORLEANS, LA 70130			-	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST-ZIP			_	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. 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 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 of tusine empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:						