


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90146 005 ***150.00

DOCUMENT # P96000067772

1. Entity Name
 EKT, INC.



Principal Place of Business
 400 POYDRAS
 STE 1850
 NEW ORLEANS, LA 70130 US

Mailing Address
 400 POYDRAS
 STE 1850
 NEW ORLEANS, LA 70130 US

40048972

2. Principal Place of Business
 509 Octavia St.

3. Mailing Address
 509 Octavia St.

Suite, Apt. #, etc.



04052006 Chg-P CR2E034 (11/05)

City & State
 New Orleans LA

City & State
 New Orleans LA

Zip Country
 70115 USA

Zip Country
 70115 USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLER, FRANK III 400 POYDRAS ST STE 1850 NEW ORLEANS, LA 70130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 Octavia St. New Orleans LA 70115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLER, MILTON TROST 400 POYDRAS ST STE 1850 NEW ORLEANS, LA 70130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 Octavia St. New Orleans LA 70115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLER, CAROLYN H 400 POYDRAS ST STE 1850 NEW ORLEANS, LA 70130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 Octavia St. New Orleans LA 70115
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/5/2006 Daytime Phone #: 504-899-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR