

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100763

Entity Name: EDI/EC SERVICES, INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

10122 BROOKVILLE LANE
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

6361 LAKEMONT COURT
EAST AMHERST, NY 14051

New Mailing Address:

FEI Number: 06-1532476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARALUZ, DIETER
10122 BROOKVILLE LANE
BOCA RATON, FL 33428 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: PT () Delete
Name: STEFANO, MICHAEL D
Address: 6361 LAKEMONT CT
City-St-Zip: EAST AMHERST, NY 140512055

Title: VS () Delete
Name: KARALUZ, DIETER
Address: 10122 BROOKVILLE LANE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change () Addition
Name: STEFANO, MARY B
Address: 6361 LAKEMONT COURT
City-St-Zip: EAST AMHERST, NY 140512055

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: MARY B STEFANO

VS

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date