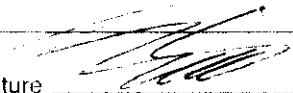


No. C 64593	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX M.W. ECHO 862 RAYMOND DRIVE IDAHO FALLS, ID 83402																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ECHO VENTURES, INC. M.W. ECHO P. O. BOX 50536 IDAHO FALLS, ID 83405 0536		3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>M.W. Echo</td> <td>POB 50536</td> <td>Idaho Falls</td> <td>ID</td> <td>83405</td> </tr> <tr> <td>SECRETARY</td> <td>Linda Echo</td> <td>POB 50536</td> <td>Idaho Falls</td> <td>ID</td> <td>83405</td> </tr> <tr> <td colspan="6" style="text-align: center; padding: 20px 0;"> NO DIRECTORS </td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	M.W. Echo	POB 50536	Idaho Falls	ID	83405	SECRETARY	Linda Echo	POB 50536	Idaho Falls	ID	83405	NO DIRECTORS					
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NO DIRECTORS																											
5. Organized Under the Laws of: IDAHO C 64593		6.  Signature _____ Date <u>7-8-05</u> Name (Typed or Printed) <u>M.W. ECHO</u> Title <u>PRESIDENT</u>																									