


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90012 024 ***150.00

DOCUMENT # P03000050278

1. Entity Name
ECLIPSE ADVANTAGE INC.



Principal Place of Business Mailing Address

**8451 TIBET-BUTLER DR.
WINDERMERE FL 34782
US**

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WINDERMERE FL 34782
US**

44051103



MOORE CR2E034 (4/04)

2. Principal Place of Business 3. Mailing Address

8451 TIBET-BUTLER DR **7512 DOCTOR PHILLIPS BLVD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 50

City & State City & State

WINDERMERE FL **ORLANDO FL**

4. FEI Number Applied For

20-0014874 Not Applicable

Zip Country Zip Country

34782 USA **32819 USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMONO, DAVID M
8451 TIBET-BUTLER DR
WINDERMERE, FL FL 34782**

7. Name and Address of New Registered Agent

Name **SAME**

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 *D. Sin* DATE **7/27/04**

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	EDWARD WICKEY	
STREET ADDRESS	575 HWY A1A	
CITY-ST-ZIP	SATELITE BEACH, FL 32937	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID SIMONO	
STREET ADDRESS	8451 TIBET-BUTLER DR	
CITY-ST-ZIP	WINDERMERE, FL 34782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *D. Sin* Date: **7/27/04** Daytime Phone #: **407-484-3339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR