

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050278

FILED
Feb 26, 2009
Secretary of State

Entity Name: ECLIPSE ADVANTAGE INC.

Current Principal Place of Business:

1085 HWY A1A
1501
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

7512 DOCTOR PHILLIPS BLVD.
50
ORLANDO, FL 32819 US

Current Mailing Address:

7512 DOCTOR PHILLIPS BLVD.
50
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 20-0014874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WICKEY, EDWARD S
1085 HWY A1A
1501
SATELLITE BEACH, FL 32937 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: CEO () Delete
Name: WICKEY, EDWARD
Address: 1085 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: COO () Delete
Name: SIMONO, DAVID
Address: 2321 UNIVERSITY CLUB DR.
City-St-Zip: AUSTIN, TX 78732

Title: BOD () Delete
Name: HOGG, JASON
Address: 290 SICKLETOWN RD
City-St-Zip: ORANGEBURG, NY 10962

Title: BOD (X) Delete
Name: LEFANTE, JAMES
Address: 1018 E. NORWOOD BLVD
City-St-Zip: PEORIA, IL 61603

Title: BOD () Delete
Name: MITCHELL, CHRIS
Address: PO BOX 236
City-St-Zip: LAGUNA BEACH, CA 92652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD WICKEY

CEO

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date