

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050278

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: ECLIPSE ADVANTAGE INC.

**Current Principal Place of Business:**

7512 DOCTOR PHILLIPS BLVD.  
50  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**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  
905 A1A  
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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WICKEY, EDWARD S  
Address: 905 A1A  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: P  
Name: SIMONO, DAVID  
Address: 2321 UNIVERSITY CLUB DR.  
City-St-Zip: AUSTIN, TX 78732

Title: BOD  
Name: HOGG, JASON  
Address: 200 2ND AVENUE SOUTH STE. 439  
City-St-Zip: ST. PETERSBURG, FL 33701

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

Title: BOD  
Name: TEMPLE, GEORGE  
Address: 2632 DANIELS POINTE BLVD.  
City-St-Zip: MT. PLEASANT, SC 29466

I hereby 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 all other like empowered.

SIGNATURE: EDWARD WICKEY

CEO

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date