2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED May 20, 2004 08:00 AM Secretary of State DOCUMENT # P95000034258 ECLIPSE AUTO SALES INC. Principal Place of Business Mailing Address 3070 MICHIGAN AVE **3070 MICHIGAN AVE** SUITE D SUITE D KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 AND ST COMPANY OF THE STATE OF 05182004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3322091 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent CADET, GREGORY DO NOT WRITE 3070 MICHIGAN AVE SUITE D IN THIS SPACE KISSIMMEE, FL 34744 . 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 Signature: typed or printed name of rogistered agent and title if applicable. DATE (NOTE, Registered Agent stansture required when relistating) 9. Election Campaign Financing \$5.00 May Be In accordance with \$. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Due by September 8, 2004 Trust Fund Contribution. 10. TITLE NAMÉ MANIEAT, MYRATT S 13512 TURTLE MARCH LOOP #719 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 U00000161080 TITLE 05/20/04-80004-021 150.00 CADET, GREGORY 717 WESCHLER CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 DV TITLE MANIGAT, EMMANUEL 12319 S OBT STE 237 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32824 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CBY-ST-719 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 br 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 exempt the true 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.

SIGNING OFFICER OR DIRECTOR