

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034258

FILED
Apr 14, 2009
Secretary of State

Entity Name: ECLIPSE AUTO SALES INC.

Current Principal Place of Business:

3070 MICHIGAN AVE
SUITE D
KISSIMMEE, FL 34744

New Principal Place of Business:

3070 MICHIGAN AVE
SUITE C
KISSIMMEE, FL 34744

Current Mailing Address:

3070 MICHIGAN AVE
SUITE D
KISSIMMEE, FL 34744

New Mailing Address:

3070 MICHIGAN AVE
SUITE C
KISSIMMEE, FL 34744

FEI Number: 59-3322091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADET, GREGORY
3070 MICHIGAN AVE
SUITE D
KISSIMMEE, FL 34744 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: PTD () Delete
Name: CADET, GREGORY
Address: 14031 BOCA KEY DR
City-St-Zip: ORLANDO, FL 32824

Title: VD (X) Delete
Name: COLLIER, WILLIAM III
Address: 8655 CEDAR DR
City-St-Zip: BUENA PARK, CA 90620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GREGORY CADET

PTD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date