2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F07000004210

Entity Name: ECO-LUBE OF TRADITION, INC.

Current Principal Place of Business:

1802 NORTH CARSON STREET
SUITE 212
CARSON CITY, NV 89701

New Principal Place of Business:

Current Mailing Address:

2155 SW GARLO BLVD
PORT SAINT LUCIE, FL 34953

New Mailing Address:

2155 SW GATLIN BLVD
PORT SAINT LUCIE, FL 34953

FEI Number: 87-0756304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCKLEBANK, VINCENT
2740 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990 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: CPS ( ) Delete
Name: DONAN, DAVID M
Address: 2155 SW GATLIN BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VCVP ( ) Delete
Name: DEES, JAMES
Address: 2155 SW GATLIN BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T ( ) Delete
Name: DEES, JAMES
Address: 2155 SW GATLIN BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

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:

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: /DMD/ CPS 01/14/2009

Electronic Signature of Signing Officer or Director — Date