


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F14438	
1. Entity Name ECOCEN CORP	

Principal Place of Business 103 NORTH LAKE DR ORMOND BEACH, FL 32174	Mailing Address 103 NORTH LAKE DR ORMOND BEACH, FL 32174
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02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2433843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GALSHACK, DAVID
103 N LAKE DR
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLADKY, BORIS CHATEAU DE BONMONT 1275 CHESEREX, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, STEPHEN 505 PARK AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GALSHACK, DAVID 103 N. LAKE DRIVE ORMOND BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOCH, GAIL 103 N LAKE DR ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARE, FRANCOIS ROUTE DE CHENE # 5 1207 GENEVA, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANZ, YOLANDE CHATEAU DE BONMONT 1275 CHESEREX, SW

1100000446362
03/08/06-80035-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *David Galshack* **DAVID GALSHACK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06
Date

386-437-2993 x17
Daytime Phone #