

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

|                                |                                                                                   |
|--------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F14438</b>       |  |
| 1. Entity Name<br>ECOCEN CORP. |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>103 NORTH LAKE DR<br>ORMOND BEACH, FL 32174 | Mailing Address<br>103 NORTH LAKE DR<br>ORMOND BEACH, FL 32174 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GALSHACK, DAVID<br>103 N LAKE DR<br>ORMOND BEACH, FL 32174 |
|-------------------------------------------------------------------------------------------------------------------|

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8. 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 reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

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

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02/29/07-90084-017 150.00

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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** 1/5/07 386-437-2993 x17  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #