

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14438

Entity Name: ECOCEN CORP.

FILED
Mar 08, 2009
Secretary of State

Current Principal Place of Business:

103 NORTH LAKE DR
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

103 NORTH LAKE DR
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2433843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLOCH, GAIL
103 N LAKE DR
ORMOND BEACH, FL 32174 US

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: GAIL FLOCH

03/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLADKY, BORIS
Address: CHATEAU DE BONMONT
City-St-Zip: 1275 CHESEREX, SW

Title: D () Delete
Name: IRWIN, STEPHEN,
Address: 505 PARK AVENUE
City-St-Zip: NEW YORK, NY

Title: VPTD () Delete
Name: GALSHACK, DAVID,
Address: 103 N. LAKE DRIVE
City-St-Zip: ORMOND BCH, FL

Title: S () Delete
Name: FLOCH, GAIL
Address: 103 N LAKE DR
City-St-Zip: ORMOND BCH, FL 32174

Title: D () Delete
Name: LAZARE, FRANCOIS,
Address: ROUTE DE CHENE # 5
City-St-Zip: 1207 GENEVA, SW

Title: D () Delete
Name: MANZ, YOLANDE
Address: CHATEAU DE BONMONT
City-St-Zip: 1275 CHESEREX, SW

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BACHELARD, LAURENT
Address: CHATEAU DE BONMONT
City-St-Zip: 1275 CHESEREX, SW

Title: D (X) Change () Addition
Name: IRWIN, STEPHEN,
Address: 7104 MELROSE CASTLE LN
City-St-Zip: BOCA RATON, FL 33496

Title: VPTD (X) Change () Addition
Name: GALSHACK, DAVID,
Address: 3333 NOBLE FIR TRACE
City-St-Zip: GAINESVILLE, GA 30504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAVANCHY, HENRI
Address: CHATEAU DE BONMONT
City-St-Zip: 1275 CHESEREX, SW

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: DAVID GALSHACK

VP

03/08/2009

Electronic Signature of Signing Officer or Director

Date