2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2010
Secretary of State

DOCUMENT# F14438

Entity Name: ECOCEN CORP.

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:

FLOCH, GAIL
103 N LAKE DR
ORMOND BEACH, FL 32174 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: PD
Name: BACHELARD, LAURENT PD
Address: CHATEAU DE BONMONT
City-St-Zip: 1275 CHESEREX, SW SW

Title: D
Name: IRWIN, STEPHEN D
Address: 7104 MELROSE CASTLE LN
City-St-Zip: BOCA RATON, FL 33496 US

Title: VPTD
Name: GALSHACK, DAVID VPTD
Address: 3333 NOBLE FIR TRACE
City-St-Zip: GAINESVILLE, GA 30504 US

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

Title: D
Name: LAZARE, FRANCOIS D
Address: 29 RUE DE MONTCHOISY
City-St-Zip: 1207 GENEVA, SW SW

Title: D
Name: LAVANCHY, HENRI D
Address: CHATEAU DE BONMONT
City-St-Zip: 1275 CHESEREX, SW SW

I hereby 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 all other like empowered.

SIGNATURE: DAVID GALSHACK VP 03/08/2010

Electronic Signature of Signing Officer or Director Date