

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009065

FILED
Jul 28, 2008
Secretary of State

Entity Name: ECLIPTIC INC.

Current Principal Place of Business:

186 PARKVIEW DRIVE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

186 PARKVIEW DRIVE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 14-1912636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALSTON, STANLEY E
186 PARKVIEW DRIVE
PALM COAST, FL 32164 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALSTON, STANLEY E
Address: 52 B EMERSON DR
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: BANKS, DONNA
Address: 910 SOUTH ADELLE AVE
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: ACKERMAN, KIM
Address: 85 PHEASANT DR
City-St-Zip: PALM COAST, FL 32164

Title: CA () Delete
Name: AUGUSTUS, GARY
Address: 6217 N WEST 23RD DR
City-St-Zip: BOCA RATON, FL 33434

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY E ALSTON

D

07/28/2008

Electronic Signature of Signing Officer or Director

Date