2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P01000063819 ECLIPSE EXCAVATION & TRUCKING INC. Principal Place of Business Mailing Address 4314 PINE HILLS CIRCLE 4314 PINE HILLS CIRCLE ORLANDO, FL 32808 ORLANDO, FL 32808 No Chg-P 02262005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2034391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HIRALAL, MAHINDRA DO NOT WRITE 4314 PINE HILLS CIRCLE ORLANDO, FL 32808 IN THIS SPACE 3. The above named entity submits this statement tor 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. stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD DIDE HIRALAL, MAHINDRA STREET ADDRESS 4314 PINE HILLS CIRCLE CITY - ST - ZIP ORLANDO, FL 32808 U00000357115 05/04/05-80060-016 150.00 TITLE NAM? STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone