2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057399

Entity Name: ETHX CORPORATION

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
12155 METRO PARKWAY UNIT 12 FORT MYERS, FL 33966				12155 METRO PARKWAY SUITE 12 FORT MYERS, FL 33966			
Current Mailing Address:			New Mailing Address:				
12155 METRO PARKWAY UNIT 12 FORT MYERS, FL 33966			12155 METRO PARKWAY SUITE 12 FORT MYERS, FL 33966				
FEI Number:	35-2170762	FEI Number Applied For()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name					lame and Address of New Registered Agent:		
AGNEW, HAMILTON 12155 METRO PARKWAY UNIT 12 FORT MYERS, FL 33966 US				AGNEW, HAMILTON 12155 METRO PARKWAY SUITE 12 FORT MYERS, FL 33966 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: HAMILTON K. AGNEW				04/08/2009			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MR () Do AGNEW, HAMILTO 12155 METRO PA FORT MYERS, FL	DN K PRES RKWAY UNIT 12		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	MR () DO TOMLINSON, ZAC 1025 N.W. 11TH L CAPE CORAL, FL	HARY M SEC ANE		Title: Name: Address: City-St-Zip:	MR (X) AGNEW, HAMIL 12155 METRO FORT MYERS,	PKWY UNIT 12	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HAMILTON K. AGNEW PRES 04/08/2009

() Change (X) Addition

AGNEW, HAMILTON K TREAS.

12155 METRO PKWY UNIT 12

FORT MYERS, FL 33966