## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000007825

Entity Name: ECOARRAY, INC.

FILED Feb 27, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12085 RESEARCH DRIVE ALACHUA, FL 32615			4949 SW 41ST BLVD	4949 SW 41ST BLVD SUITE 50	
			GAINESVILLE, FL 32	2006	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
12085 RESEARCH DRIVE ALACHUA, FL 32615			SUITE 50	4949 SW 41ST BLVD SUITE 50 GAINESVILLE, FL 32608	
FEI Number	: 20-0626564	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
926 N.W. GAINESVI	AR, BRUCE 13TH STREEE ILLE, FL 32601 e named entity s	US	urpose of changing its registere	ed office or registered agent, or both	
	e of Florida.				
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D,P () ROGERS, JOHN 12085 RESEAR ALACHUA, FL 3	CH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CARTER, BARB 12085 RESEAR ALACHUA, FL 3	CH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DENSLOW, NAN 12085 RESEAR ALACHUA, FL 3	CH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GAINES, WEAV 12085 RESEAR ALACHUA, FL 3	CH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN B. ROGERS MR. 02/27/2008