2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048030

MCGUIRE, SCOTT

ORLANDO, FL 32819

7512 DR. PHILLIPS BLVD, STE 50-159

Name:

Address:

City-St-Zip:

Entity Name: THE SPILL CANVAS, INC.

FILED Apr 29, 2008 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	PHILLIPS BLV D, FL 32819	D., STE.50-159				
Current Mailing Address:			New Mailing Address:			
7512 DR.PHILLIPS BLVD., STE.50-159 ORLANDO, FL 32819			1100 THIRD STREET SAN RAFAEL, CA 94901			
FEI Number	: 20-3249242	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	TI, BRAD ITAGE BAY C), FL 32836	IRCLE US				
	named entity of Florida	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	jent		Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().				
OFFICER	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	THOMAS, NIC	LIPS BLVD., STE.50-159	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	BECK, JOE) Delete LLIPS BLVD, STE 50-159 . 32819	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	LUDERMAN, Î	LLIPS BLVD, STE 50-159	Title: Name: Address: City-St-Zip:	LUDEMAN, D	ILLIPS BLVD, STE 50-159	
Title:	T (2	K) Delete	Title:	(() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NICK THOMAS P 04/29/2008