


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90015 033 ***150.00

DOCUMENT # P07000039611

1. Entity Name
ECO GENERATION, INC.



Principal Place of Business 11020 PEMBROKE RD #118 PEMBROKE PINES, FL 33025 US	Mailing Address 11020 PEMBROKE RD #118 PEMBROKE PINES, FL 33025 US
---	---

60023818



2. Principal Place of Business - No P.O. Box # 14359 Miramar Pkwy	3. Mailing Address 14359 Miramar Pkwy
--	--

Suite, Apt. #, etc. Suite 180	Suite, Apt. #, etc. Suite 180
----------------------------------	----------------------------------

City & State Miramar, FL	City & State Miramar, FL
-----------------------------	-----------------------------

Zip 33027	Country USA	Zip 33027	Country USA
--------------	----------------	--------------	----------------

03032008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8743170	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

MOLETTI, ANTONIA
 11020 PEMBROKE RD
 #118
 PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name
 Moletti, Antonia

Street Address (P.O. Box Number is Not Acceptable)
 14359 Miramar Pkwy

#180

City
 Miramar FL Zip Code
 33027

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anton Moletti DATE 4/03/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLETTI, ANTONIA 11020 PEMBROKE RD #118 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14359 Miramar Pkwy #180 Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: Anton Moletti ANTONIA MOLETTI 4/03/08 984-559-5416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #