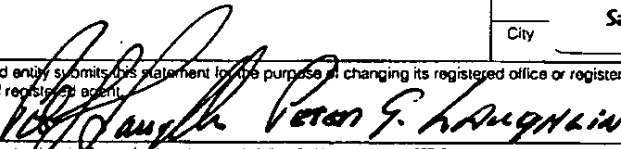
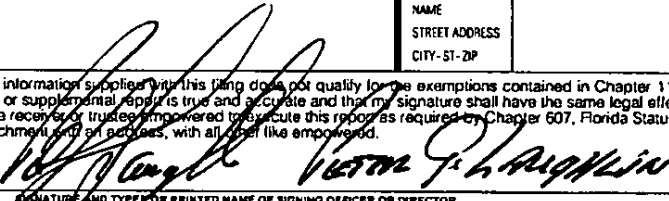


2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 27, 2008 8:00 am
Secretary of State

04-30-2008 90185 044 ***150.00

DOCUMENT # P07000103220			
1. Entity Name ECO SOLAR, INC.			
Principal Place of Business 333 S. PINEAPPLE AVE. SARASOTA, FL 34236-7019 US		Mailing Address 333 S. PINEAPPLE AVE. SARASOTA, FL 34236-7019 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2101 47th Street Sarasota, FL 34234		2101 47th Street Sarasota, FL 34234	
		04172008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-1086023		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAUGHLIN, PETER G 333 S. PINEAPPLE AVE. SARASOTA, FL 34236-7019		Name Street 2101 47th Street City Sarasota, FL 34234 FL Zip Code	
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  Peter G. Laughlin 4/27/08 Signature, type and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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 LAUGHLIN, PETER G 2632 PURITAN TERRACE SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2101 47th Street Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANNER, ANDREW 1647 HYDE PARK STREET SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2101 47th Street Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowerment.			
SIGNATURE:  Peter G. Laughlin 4/27/08 Signature and type or printed name of signing officer or director Date Daytime Phone #			