2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074975

Entity Name: ECOCOLOR SOLUTIONS INC.

FILED Apr 08, 2009 Secretary of State

127 NORTH RIVER DRIVE 226-5 SOLANA ROAD

ST. AUGUSTINE, FL 32095 SUITE 148

PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

127 NORTH RIVER DRIVE 226-5 SOLANA ROAD

ST. AUGUSTINE, FL 32095 SUITE 148

PONTE VEDRA BEACH, FL 32082

FEI Number: 26-3160950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD, SUITE 101 TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: TAYLOR, MICHAEL
Address: 127 NORTH RIVER DRIVE Name: TAYLOR, MICHAEL
Address: 239 S. ROSCOE BLVD

City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DS () Delete Title: () Change () Addition

 Name:
 BRANCH, TOMMY III
 Name:

 Address:
 367 COTTAGE VIEW TERRACE
 Address:

 City-St-Zip:
 VALPARAISO, IN 46383
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

Name: TAYLOR, SUSAN Name: TAYLOR, SUSAN
Address: 127 NORTH RIVER DRIVE Address: 239 S. ROSCOE BLVD

City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: MICHAEL C. TAYLOR DP 04/08/2009