

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083348

Entity Name: ECLIPSE BURNER, INC.

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

323-10TH AVE N.
304
PALMETTO, FL 34221 US

Current Mailing Address:

P.O. BOX 570
PALMETTO, FL 34220

New Principal Place of Business:

323-10TH AVE W
304
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 59-3453493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, S. KEITH JR
605 - 75TH AVE
ST. PETERSBURG BEACH, FL 33706 US

Name and Address of New Registered Agent:

PEAK, PETER A
2002 MANATEE AVE. W.
BRADENTON, FL 34205 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: PETER A. PEAK

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAHL, LEIF
Address: PO BOX 570
City-St-Zip: PALMETTO, FL 34220

Title: T () Delete
Name: LIMBERG, STACEY H
Address: 4403 7TH ST E 8
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STACEY H. LIMBERG

TREA

03/26/2009

Electronic Signature of Signing Officer or Director

Date