

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066131

Entity Name: ECCENTRIC MANAGEMENT, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

671 NE 57TH ST
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

531 A, NE 57TH CT
OAKLAND PARK, FL 33334

Current Mailing Address:

6278 NORTH FEDERAL HIGHWAY
PMB 203
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-4551268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLE-BRANDENBURG, NICOLA
671 NE 57 TH STREET
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

NICOLE-BRANDENBURG, NICOLA
531A, NE 57TH CT
OAKLAND PARK, FL 33334 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

04/15/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: NICOLE-BRANDENBURG, NICOLA
Address: 671 N.E. 57TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: NICOLE-BRANDENBURG, NICOLA
Address: 531 A, NE 57TH CT
City-St-Zip: OAKLAND PARK, FL 33334

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: NICOLA NICOLE-BRANDENBURG

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date