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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000024638		
1. Entity Name EAST OCEAN DEVELOPMENT CORPORATION		

Principal Place of Business 3015 NORTH OCEAN BLVD., SUITE 121 FT. LAUDERDALE, FL 33308	Mailing Address 3015 NORTH OCEAN BLVD., SUITE 121 FT. LAUDERDALE, FL 33308
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07 MAY 25 AM 11:52
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0657980	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

FOSTER, R A
3015 N OCEAN BLVD
STE 121
FT. LAUDERDALE, FL 33309

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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 _____ DATE _____
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, 2007 Fee will be \$550.00

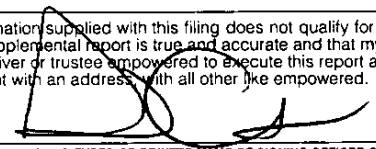
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOSTER, REBECCA A 3015 NORTH OCEAN BLVD., SUITE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC J 3015 NORTH OCEAN BLVD., SUITE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  _____ Date 954.563.0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #