


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90458 004 ***158.75

DOCUMENT # 425030 1. Entity Name EA ENTERPRISES, INC.	
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Principal Place of Business ETHAN ALLEN DR. DANBURY, CT 06811	Mailing Address ETHAN ALLEN DR. ATTN: TAX DEPT DANBURY, CT 06811 US
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24073747



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-0897848	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or 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, 2004 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	PTD KATHWARI, M. FAROOQ 151 ELK AVENUE NEW ROCHELLE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARFAGLIA, CHARLES ETHAN ALLEN DR- DANBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TEPLITZ, ED ETHAN ALLEN DR. DANBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS BANKS, PAMELA A ETHAN ALLEN DR. DANBURY, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FINANCE JEFFREY HOYT ETHAN ALLEN DRIVE DANBURY CT 06813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *VP. Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 203
743-8000
Date Daytime Phone