

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90019 047 \*\*\*150.00

<b>DOCUMENT #688181</b> 1. Entity Name <b>EASTPOINT DEVELOPMENT, INC.</b>					
Principal Place of Business <b>6959 STAPOINT CT STE H WINTER PARK, FL 32792 US</b>			Mailing Address <b>FRANK MURPHY/E.P. DEV. POST OFFICE BOX 432 ORLANDO, FL 32802 US</b>		
2. Principal Place of Business <b>6869 Stapoint Court</b> Suite, Apt. #, etc. <b>Suite 102</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Winter Park, Florida</b>		City & State		4. FEI Number <b>59-2033164</b>	
Zip <b>32792</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REID, JOHN J. 109 EAST CHURCH STREET SUITE 301 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MURPHY, MICHAEL A 6869 STAPOINT COURT STE 102 WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MURPHY, FRANK W 6869 STAPOINT COURT STE 102 WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MURPHY, MARCIA A 6869 STAPOINT COURT STE 102 WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>FRANK W. MURPHY</b>					
Date <b>1-27-06</b> Daytime Phone # <b>407-841-2400</b>					