## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT  |                                   |  |  |  |   |   |   | CHED                         |                 |               |                           |  |
|--|-----------------------------------|--|--|--|---|---|---|------------------------------|-----------------|---------------|---------------------------|--|
| DOCUMENT # 853634  |                                   |  |  |  |   |   | FILED   |                              |                 |               |                           |  |
| 1. Entity Nam<br>EASTER  |                                   | ESSIONAL PROPE   | RTIES, INC.  |  |   |   | 06 MAR 17 PM 2: 55 SECRETARY OF STATE TALLAHASSET TECRIDA |                              |                 |               |                           |  |
|  |                                   |  |  |  | -                                       | 1937                                      |   | SECK                         | LANY D          | f Siķi        | E<br>na                   |  |
| Principal Plac   |                                   | s  | Mailing Address  |  |   |   |   | TALLA!                       | 12.8811         | . J L UIV     | ייטו                      |  |
| 13737 NOEL ROAD<br>STE 100   |                                   |  | 13737 NOEL ROAD<br>STE 100                                       |  |   |   |   |                              |                 |               |                           |  |
| DALLAS, TX   | 75240                             | US   | DALLAS, TX 75240 US  |  |   |   | <br>  | 1 BJJET JIJA BIJAH 1181 EIBJ | MINI DINI DENI  | ATO BIEN EREN | 1781 II I <b>3</b> 81     |  |
| 2. Principal Place of Business   |                                   |  | 3. Mailing Address   |  |   | _   |   |                              |                 |               |                           |  |
| Suite, Apt. #, etc.  |                                   |  | Suite, Apt. #, etc.  |  |   |   | 02212006  | Chg-P                        | CR2E034         | (11/05)       | Ole                       |  |
| City & State   |                                   |  | City & State   |  |   |   | 4. FEI Numb<br>93-356                                     |                              |                 | _ <del></del> | plied For<br>t Applicable |  |
| Zip  | Country                           |  | Zip Count  |  | ntry                                    |   | 5. Certificate of Status Desired \$8.75 Addition          |                              |                 | itional       |                           |  |
|  | 6. Name                           | and Address of Current                                 | Registered Agent   |  |   |   | Fee Required  7. Name and Address of New Registered Agent |                              |                 |               |                           |  |
|  |                                   |  | Name   |  |   |   |   |                              |                 |               |                           |  |
| CT CORP<br>1200 SOU<br>PLANTATI  | TH PINE                           | ISLAND ROAD  |  | Street Address (P.O. Box Number is Not Acceptable) |   |   |   |                              |                 |               |                           |  |
| 1 5 11 17 11 511, 1 2 55524  |                                   |  |  |  |   |   |   |                              |                 |               |                           |  |
|  |                                   |  |  | City   | FL Zip Code                             |   |   |                              |                 |               |                           |  |
|  |                                   | ty submits this statement fi<br>tered agent.           | or the purpose of changing its                                   | register   | ed office or                            | register                                  | ed agent, or bo   | th, in the State of Flo      | rida. I am far  | niliar with,  | and accept                |  |
| SIGNATURE.   | _                                 | _  |  |  |   |   |   |                              |                 |               |                           |  |
| SIGNATURE.   | Signature, typed                  | or printed name of registered agent                    | and title if applicable. (NOTI                                   | E: Registere                                       | ed Agent signatu                        | re required                               | when reinstating)   |                              | DATE            |               |                           |  |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   9. Election Campaign Financing Added to Fees   |                                   |  |  |  |   |   |   |                              |                 |               |                           |  |
| 10.  |                                   | OFFICERS AND   | DIRECTORS  | 11.  |   |   | ADDITIONS   | CHANGES TO OFFI              | CERS AND D      | IRECTORS      | S IN 11                   |  |
| TITLE  | SD                                |  | ☐ Delete   | E  | SD                                      |   |   | ×                            | Change          | Addition      |                           |  |
| NAME LARSEN, CAITLIN M STREET ADDRESS 3820 STATE STREET  |                                   |  |  | ke<br>Eet address                                  | Caitlin Larsen<br>13737 Noel Rd Ste 100 |   |   |                              |                 |               |                           |  |
| CITY-ST-ZIP SANTA BARBARA, CA 93105  |                                   |  |  | r-ST-ZIP   | Dallas TX 75240                         |   |   |                              |                 |               |                           |  |
| TITLE  | Р                                 |  | ☐ Delete   | TITL   | E                                       |   |   |                              | C               | Change        | ☐ Addition                |  |
| NAME<br>STREET ADDRESS   | GAUSE, GARRY L<br>13737 NOEL ROAD |  | NAA<br>STR   |  | ie<br>Eet address                       |   | 600068544536  |                              |                 |               |                           |  |
| CITY-ST-ZIP  | ı                                 | TX 75240   |  |  | '-ST-ZIP                                |   | 600068544536<br>03/23/0601052008 **150.00                 |                              |                 | .00           |                           |  |
| TITLE  | Т                                 |  | <b>∑</b> ¥6elete   | TITL   | 1                                       | T   | _   |                              | C               | X Change      | Addition                  |  |
| NAME<br>STREET ADDRESS   | DENT, DE                          | ENNIS L<br>ATE STREET                                  |  | EET ADORESS  |   | effrey S. Sherman<br>3737 Noel Rd Ste 100 |   |                              |                 |               |                           |  |
| CITY-ST-ZIP  | ŀ                                 | ARBARA, CA 93105                                       |  | -ST-ZIP  |   | 3/ Noel  <br>las TX 7                     |   |                              |                 |               |                           |  |
| TITLE  | AS                                |  | ☐ Defete   | titu   | E                                       | AS  | IAS IA. /   | 1240                         | Ç               | Change        | Addition                  |  |
| NAME<br>STREET ADDRESS   | 1 '                               | RISTINA A<br>ATE STREET                                |  | NAM  |   | Kris                                      | stina A l   | lack                         |                 |               |                           |  |
| CITY-ST-ZIP  | 1                                 | ARBARA, CA 93105                                       |  |  | EET ADDRESS<br>'-ST-ZIP                 |   | 37 Noel I<br>as TX∩                                       | Rd Ste 100                   |                 |               |                           |  |
| TITLE  | 1                                 |  | ☐ Delete   | TITL   |   |   |   |                              |                 | Change        | ☐ Addition                |  |
| NAME<br>STREET ADDRESS   |                                   |  |  | NAM<br>STRE  | ie<br>Eet address                       |   |   |                              |                 |               | ļ                         |  |
| CITY-ST-ZIP  | Í                                 |  |  |  | -ST-ZIP                                 |   |   |                              |                 |               | Ì                         |  |
| TITLE  |                                   |  | ☐ Delete   | TITL   |   |   | *****   |                              | C               | Change        | ☐ Addition                |  |
| NAME<br>STREET ADDRESS   |                                   |  |  | NAM<br>STRE  | EET ADDRESS                             |   |   |                              |                 |               |                           |  |
| CITY-ST-ZIP  |                                   |  |  |  | -ST-ZIP                                 |   |   |                              |                 |               |                           |  |
| 12. I hereby o   | certify that th                   | e information supplied with                            | n this filing does not qualify for strue and accurate and that n | or the ex  | emptions co                             | ontained                                  | I in Chapter 119  | , Florida Statutes. I        | further certify | that the in   | formation                 |  |
| of the cor   | rporation or t                    | he receiver or trustee emp<br>achrical with an address | owered to execute this report with all other like emissionered   | as tedni   | ired by Cha                             | pter 607                                  | . Florida Statute   | s; and that my name          | appears in E    | Block 10 or   | Block 11 if               |  |
| 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 attach representation of the receiver of 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 attach representation of the receiver of 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 |                                   |  |  |  |   |   |   |                              |                 |               |                           |  |
| SIGNATURE: Caitlin Larsen 1/21/06 469-893-2701 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone •  |                                   |  |  |  |   |   |   |                              |                 |               |                           |  |