

F01000003079

TO: Registration Section
Division of Corporations

SUBJECT: EASTERN TECHNOLOGY ASSOCIATES INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bruce Fischer
(Name of Person)

Eastern Technology Associates Inc
(Firm/Company)

P.O. Box 880462
(Address)

Boca Raton FL 33488
(City/State and Zip code)

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-06/04/01--01085--006
*****87.50 *****87.50

For further information concerning this matter, please call:

Bruce Fischer at (561) 558-0103
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Eastern Technology Associates, Inc
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New Jersey (State or country under the law of which it is incorporated)
3. 22-2969656 (FEI number, if applicable)

4. March 1989 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 21553 Cypress Hammock Drive - UNIT 43D (Principal office address) BOCA RATON FL 33428
PO Box 923 East Brunswick, NJ 08816 (Current mailing address)

8. Sales Representative (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Bruce Fischer

Office Address: 21553 Cypress Hammock Drive - 43D
BOCA RATON, Florida 33428
(City) (Zip code)

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10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bruce Fischer
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Bruce Fischer

Address: 21553 Cypress Hammock Drive
UNIT 43D Boca Raton FL 33428

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: Bruce Fischer

Address: 21553 Cypress Hammock Drive UNIT 43D
BOCA RATON FL 33428

Vice President: N/A

Address: _____

Secretary: Bruce Fischer

Address: Same

Treasurer: Bruce Fischer

Address: Same

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Bruce Fischer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bruce Fischer
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EASTERN TECHNOLOGY ASSOCIATES, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on March 15, 1989.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

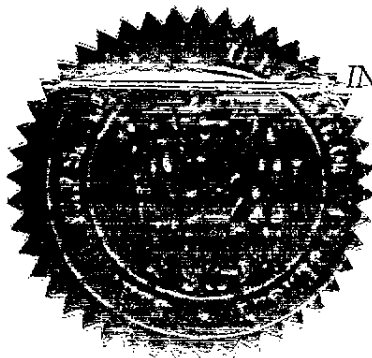
*Bruce Fischer
16 Williamsburg Court
East Brunswick, NJ 08816*

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TALLAHASSEE FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EASTERN TECHNOLOGY ASSOCIATES, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
17th day of May, 2001

A handwritten signature in cursive script, reading "Peter R. Lawrance".

Peter R Lawrance
Acting State Treasurer

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SECRETARY OF STATE
TALLAHASSEE FLORIDA