

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001091

FILED
Jan 06, 2007
Secretary of State

Entity Name: COBBLE HILL CENTER CORP.

Current Principal Place of Business:

611 MARTINDALE RD
CRARYVILLE, NY 12521

New Principal Place of Business:

Current Mailing Address:

PO BOX 450
CRARYVILLE, NY 12521

New Mailing Address:

FEI Number: 11-2131625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: EASTON, JONATHAN
Address: 151 E 31ST STREET 11B
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: EASTON, KARL
Address: PO BOX 450
City-St-Zip: CRARYVILLE, NY 12521

Title: D () Delete
Name: EASTON, DANIEL
Address: 22 JONES STREET 5E
City-St-Zip: NEW YORK, NY 10014

Title: DS () Delete
Name: EASTON, HILARY
Address: 617 WEST END AVE
City-St-Zip: NEW YORK, NY 10024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN EASTON

DPT

01/06/2007

Electronic Signature of Signing Officer or Director

Date