
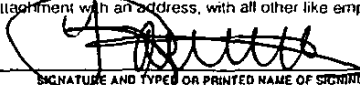


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90040 017 \*\*\*158.75

<b>DOCUMENT # G52177</b> 1. Entity Name ECALTON.COM, INC.					
Principal Place of Business 43 W. FRONT STREET SUITE 15 RED BANK, NJ 07701 US			Mailing Address 43 W. FRONT STREET SUITE 15 RED BANK, NJ 07701 US		
2. Principal Place of Business 1220 E. Prospect Ave. Suite, Apt. #, etc. Suite 281			3. Mailing Address Suite, Apt. #, etc.		
City & State Melbourne, FL			City & State		
Zip 32901		Country USA		4. FEI Number 59-2319621	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CALADARONE, ANTHONY J 162 ANCHOR DRIVE VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>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	DP CALDARONE, ANTHONY J 2013 INDIAN RIVER BLVD. VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2050 40th Ave., Suite One Vero Beach, FL 32960	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFD CORLEY, THOMAS C 2013 INDIAN RIVER BLVD. VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALDARONE, MARIA F 2013 INDIAN RIVER BLVD. VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2050 40th Ave., Suite One Vero Beach, FL 32960	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CAMISA, LAURA A 2013 INDIAN RIVER BLVD. VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2050 40th Ave., Suite One Vero Beach, FL 32960	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRAY, GREGORY 2013 INDIAN RIVER BLVD. VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1220 E. Prospect Ave., Suite 281 Melbourne, FL 32901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V O'BRIEN, MARIE 2013 INDIAN RIVER BLVD. VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1220 E. Prospect Ave., Suite 281 Melbourne, FL 32901	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Laura A. Camisa			March 22, 2005 (772) 794-1414 Date Daytime Phone #		