

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90412 040 ***158.75

DOCUMENT # G52177

1. Entity Name
 ECALTON.COM, INC.



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| 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 |
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50012835



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| 2. Principal Place of Business 1220 E. Prospect Ave. | 3. Mailing Address |
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|----------------------------------|---------------------|
| Suite, Apt. #, etc. Suite 281 | Suite, Apt. #, etc. |
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|-------------------------------|--------------|
| City & State Melbourne, FL | City & State |
|-------------------------------|--------------|

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|--------------|----------------|-----|---------|
| Zip 32901 | Country USA | Zip | Country |
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01052006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2319621 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 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 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CALDARONE, ANTHONY J 2050 40TH AVE SUITE ONE VERO BEACH, FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALDARONE, MARIA F 2050 40TH AVE SUITE ONE VERO BEACH, FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CAMISA, LAURA A 2050 40TH AVE SUITE ONE VERO BEACH, FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRAY, GREGORY 1220 E PROSPECT DR SUITE 281 MELBOURNE, FL 32901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V O'BRIEN, MARIE 1220 E PROSPECT AVE SUITE 281 MELBOURNE, FL 32901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *Laura A. Camisa* Date: 4/12/06 Daytime Phone #: (772) 794-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR