

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.



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

50012835



2. Principal Place of Business
1220 E. Prospect Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 281

Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State

Zip Country
32901 USA

Zip Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2319621

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALADARONE, ANTHONY J
162 ANCHOR DRIVE
VERO BEACH, FL 32963

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALDARONE, MARIA F
2050 40TH AVE SUITE ONE
VERO BEACH, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
CAMISA, LAURA A
2050 40TH AVE SUITE ONE
VERO BEACH, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BRAY, GREGORY
1220 E PROSPECT DR SUITE 281
MELBOURNE, FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
O'BRIEN, MARIE
1220 E PROSPECT AVE SUITE 281
MELBOURNE, FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

(772) 794-1114

Daytime Phone #