

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90006 044 ***150.00

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03142007 Chg-P CR2E034 (12/06)

DOCUMENT # G52177 1. Entity Name ECALTON.COM, INC.					
Principal Place of Business 1220 EAST PROSPECT AVE SUITE 281 MELBOURNE, FL 32901 US			Mailing Address 43 W. FRONT STREET SUITE 15 RED BANK, NJ 07701 US		
2. Principal Place of Business - No P.O. Box # 2050 40th Avenue		3. Mailing Address Suite, Apt. #, etc. Suite One			
Suite, Apt. #, etc. Suite One		Suite, Apt. #, etc. Suite One			
City & State VERO Beach, FL		City & State VERO Beach, FL			
Zip 32960		Country USA		Zip 32960	
Country USA		Zip 32960		Country USA	
4. FEI Number 59-2319621				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D CALDARONE, MARIA F 2050 40TH AVE SUITE ONE VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAMISA, LAURA A 2050 40TH AVE SUITE ONE VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAY, GREGORY 1220 E PROSPECT DR SUITE 281 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, MARIE 1220 E PROSPECT AVE SUITE 281 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Vicky F. Savage 2050 40th Ave., Suite One VERO Beach, FL 32960				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mary H. Magee 43 W. Front St., Suite 15 Red Bank, NJ 07701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mary H. Magee 43 W. Front St., Suite 15 Red Bank, NJ 07701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mary H. Magee 43 W. Front St., Suite 15 Red Bank, NJ 07701				
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: <i>Mary H. Magee</i>		SIGNATURE: <i>Mary H. Magee</i>		SIGNATURE: <i>Mary H. Magee</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Date		Date	
(732) 212-1280		(732) 212-1280		(732) 212-1280	