2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed or on an attachme

SIGNATURE: 4

Feb 18, 2004 8:00 am Secretary of State DOCUMENT # H40438 1. Entity Name 02-18-2004 90011 011 ***158.75 EASTERN AMERICAN TECHNOLOGIES CORPORATION Principal Place of Business Mailing Address 720 MULLET RD 720 MULLET RD 407100H CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 3. Mailing Address 2. Principal Place of Business <u>۱۹۵</u> 770 mullet \mathcal{M} O Γ Γ \mathcal{E} Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2876571 Not Applicable znaveral ape Canaveral \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAPPEL, HENRY Street Address (P.O. Box Number is Not Acceptable) 720 MULLET RD CAPE CANAVERAL FL 32920 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 (NOTE: Registered Agent signature required when reinstating) ASignature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. tappel, the ☐ Addition PTS TITLE ☐ Delete TITLE HAPPEL, HENRY NAME NAME 720 MULLET RD ባባሪ STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL CITY-ST-71P a naver AL CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition JITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change | ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental 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 of 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 owered to

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