2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 A DOCUMENT # L93740 1. Entity Namo **Secretary of State** SURVEY EAST, INC. Principal Place of Business Mailing Address 1121 LAKE AVE 1121 LAKE AVENUE LAKE WORTH FL 33460 US LAKE WORTH FL 33460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0214592 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, MICHAEL J. 1121 LAKE AVE. Street Address (P O Box Number is Not Acceptable) LAKE WORTH FL 33460 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 01/18/07 Signature, typed or profed hame of registing (NOTE Registered Agent signature required when reinstating) Lud Sud hille i applicable. FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST IIILE Delete mi Changé Addition MILLER, MICHAEL J. NAME NAM U00000604070 1121 LAKE AVE. SHELL ADDRESS STREET LADDRESS LAKE WORTH FL 33460 01/29/07-80039-004 150.00 CHY ST ZIP CITY ST 712 HILE HE Delete ☐ Change Addillon MMI STREET ADDRESS SIRIET ADDRESS CITY ST ZIP CHY SI-78P HILE Delete HHE ☐ Change Addition NAM MAM STREET ADDRESS SIRLLI ADDIT SS CHY-ST ZIP CITY ST ZIP IIIU Defete Ш Change Addition NAME NAME SIRCET ADDRESS SEPALL ADDRESS CITY-ST 7IP CITY-SEZIP HILE Delete THE T Chainge Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CBY-SI 782 BILE Delete THLE Change Addition MARKE NAME STREET ADDRESS SIBLE LADORESS CITY ST ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fforida Statutos. 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 eath, 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 PRINCES NAME OF SIGNING OFFICER OR DIRECTOR

01/18/07

(5/61) 586-2669