

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L93740

1. Entity Name  
SURVEY EAST, INC.

Principal Place of Business  
1121 LAKE AVE  
LAKE WORTH FL 33460  
US

Mailing Address  
1121 LAKE AVENUE  
LAKE WORTH FL 33460  
US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

4. FEI Number  
65-0214592  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MILLER, MICHAEL J.  
1121 LAKE AVE.  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent  
Name  
Street Address (P O Box Number is Not Acceptable)  
CityFLZip 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, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Delete  
PST  
MILLER, MICHAEL J.  
1121 LAKE AVE.  
LAKE WORTH FL 33460

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Change  
Addition  
U00000604070  
01/29/07-80039-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
01/18/07  
(561) 586-2669