

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

09-01-2006 90003 013 ****61.25

FILED NO 900007027

06 SEP -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/06)

| | | | | | |
|--|--------------------------------------|---|--|---|--|
| DOCUMENT-# N05000007027 1. Entity Name E.A.S.E. GROUP, INC. | | | | | |
| Principal Place of Business 4465 TREEHOUSE LANE, #13 A TAMARAC FL 33319 US | | | Mailing Address 4465 TREEHOUSE LANE, #13 A TAMARAC FL 33319 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. EEI Number 75-3197320 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SCHOMBURG, CANDYCE C 14683 SUNNY WATERS LANE DELAIR BEACH FL 33483 | | | | 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 entry 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| FILE NOW - FEE IS \$61.25 Due By September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DIR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ELLIOTT-BUTTS, ZACH J | NAME | | | |
| STREET ADDRESS | 4465 TREEHOUSE LANE, #13 A | STREET ADDRESS | | | |
| CITY - ST - ZIP | TAMARAC FL 33319 | CITY - ST - ZIP | | | |
| TITLE | DIR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DUNLOP, BRIAN K | NAME | | | |
| STREET ADDRESS | 4465 TREEHOUSE LANE, #13 A | STREET ADDRESS | | | |
| CITY - ST - ZIP | TAMARAC FL 33319 | CITY - ST - ZIP | | | |
| TITLE | DIR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MC CLAIN, CORETTA | NAME | | | |
| STREET ADDRESS | 2820 S.W. 3RD STREET | STREET ADDRESS | | | |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33319 | CITY - ST - ZIP | | | |
| TITLE | PTSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ELLIOTT, SHAWNEEQUA T | NAME | | | |
| STREET ADDRESS | 4465 TREEHOUSE LANE, #13 A | STREET ADDRESS | | | |
| CITY - ST - ZIP | TAMARAC FL 33319 | CITY - ST - ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SCHLAM, MYLES B | NAME | | | |
| STREET ADDRESS | 4377 SW 10 PL #7 | STREET ADDRESS | | | |
| CITY - ST - ZIP | DEERFIELD BEACH FL 33442 | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| 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 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 617, 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: <u>Shawnee Elliott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date: 9/1/06 (754) 246-8433 | | | | | |