

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000041031 1. Entity Name ETON SERVICES INC.					
Principal Place of Business KERMODE HOUSE, PARLIAMENT STREET 2ND FLOOR RAMSEY, ISLE OF MAN, im8-1a9			Mailing Address KERMODE HOUSE, PARLIAMENT STREET 2ND FLOOR RAMSEY, ISLE OF MAN, im8-1a9		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip IM8-1A9 Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip IM8-1A9 Country		
4. FEI Number 98-0233684			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	SD BREW, KAREN EAST LOUGHLAN, JURBY EAST, JURBY ISLE OF MAN IM7 3EZ,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, MARION 9 VICTORIA PLACE, DOUGLAS ISLE OF MAN, im2 4et	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDINGLEY, HOWARD 9 GREENLANDS PARK, RAMSEY ISLE OF MAN, im8 2pg	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 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: KAREN BREW					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 29-04-2004					
Daytime Phone # 0044 1624 814300					