2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000068249

1. Entity Name

EASTERN CONSOLIDATED COAL CORP.



FILED May 05, 2004 08:00 AM Secretary of State

Principal Place of Business

1761 NW 127 WAY CORAL SPRINGS, FL 33071 Mailing Address

676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

02172004 No Chg-P		CR2E034 (10/03)			
4. FEI Number			Applied For		
65-0993	3221		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

CLAIRE, ROBERT I 7280 W PALMETTO PARK ROAD STE 106 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

				_			
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 tide if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	10. OFFICERS AND DIRECTORS						
THILE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNT, LARRY 1761 NW 127 WAY CORAL SPRINGS, FL 33071			U00000155162 05/05/04-80066-024 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					707 937 04-50056-U24 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP					THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							

NTED NAME OF SIGNING OFFICER OR DIRECTOR