

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100481

Entity Name: EAN PROPERTIES, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

12861 SW 63 CT.
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

5421 NW 48 PL.
GAINESVILLE, FL 32606

New Mailing Address:

2401 S. PERRY STREET
SPOKANE, WA 99203

FEI Number: 65-1059017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAJID, SHARIFI
5421 NW 48 PL.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

MAJID, SHARIFI
2401 S. PERRY STREET
SPOKANE, FL 99203 US

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.

SIGNATURE: MAJID SHARIFI

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FARSHADI, SHAKROKH
Address: 12861 SW 63 CT.
City-St-Zip: PINECREST, FL 33156

Title: VP () Delete
Name: SHARIFI, MAJID
Address: 5421 NW 48 PL.
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: SHARIFI, MAJID
Address: 5421 NW 48 PL.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARSHADI, SHAKROKH
Address: 12861 SW 63 CT.
City-St-Zip: PINECREST, FL 33156

Title: PD (X) Change () Addition
Name: SHARIFI, MAJID
Address: 2401 S. PERRY STREET
City-St-Zip: SPOKANE, WA 99203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAJID SHARIFI

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date