

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90215 027 \*\*\*150.00

**DOCUMENT # P02000017280**

1. Entity Name

**EASYBIND CORPORATION**



Principal Place of Business

**3491 PALL MALL DRIVE #103  
JACKSONVILLE FL 32257**

Mailing Address

**3491 PULL MALL DR  
103  
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

**3491 PALL MALL DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**61-1402819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**MILLS, CHARLENE  
3491 PALL MALL DRIVE #103  
JACKSONVILLE FL 32257**

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

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, 2006 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 **P** ☐ Delete  
NAME **MILLIS, FRANK**  
STREET ADDRESS **340 MAPLEWOOD DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **S** ☐ Delete  
NAME **ROBERTSON, LACEY**  
STREET ADDRESS **413 E BUCKEYE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **VP** ☐ Delete  
NAME **HUOTARI, LAURI**  
STREET ADDRESS **ATOMITE 5 F**  
CITY-ST-ZIP **HELSINKI FINLAND 00370**

TITLE **D** ☐ Delete  
NAME **DALZELL, KENT**  
STREET ADDRESS **423 SW 8TH TERR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **C** ☐ Delete  
NAME **MILLIS, CHARLENE**  
STREET ADDRESS **340 MAPLEWOOD DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D Huotari, Lauri**  
STREET ADDRESS **Atomite 5 F**  
CITY-ST-ZIP **HELSINKI, Finland 00370**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Charlene Mills*

**4/17/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #