

FILED
Mar 02, 2007 08:00 A
Secretary of State

1. Entity Name
EASTER BUILDING CORP.



2924 DAVIE ROAD
202
DAVIE, FL 33314

2924 DAVIE ROAD
202
DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

33-1045384

Not Applicable

5. Certificate of Status Desired

7

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DOUGLAS
2924 DAVIE ROAD
202
DAVIE, FL 33314

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U00000653846
03/13/07-80039-002 150.00

10.	OFFICERS AND DIRECTORS
-----	------------------------

TITLE	DPST
NAME	JOHNSON, DOUGLAS
STREET ADDRESS	2924 DAVIE ROAD, #202
CITY - ST - ZIP	DAVIE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____