
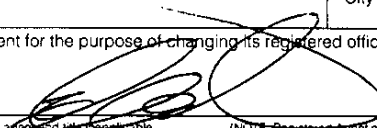



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90050 011 ***150.00

DOCUMENT # P03000074489 1. Entity Name EAST COAST ACCESSIBLE HOMES, INC.					
Principal Place of Business 39 SW MONTEREY RD STUART, FL 34994			Mailing Address 39 SW MONTEREY RD STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 2690 SE Willoughby Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2690 SE Willoughby Blvd <small>Suite, Apt. #, etc.</small>			
City & State Stuart FL <small>Zip</small> 34994 <small>Country</small> USA		City & State Stuart FL <small>Zip</small> 34994 <small>Country</small> USA		4. FEI Number 05-0577263 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ECKSTROM, MARK E 39 SW MONTEREY RD STUART, FL 34994			7. Name and Address of New Registered Agent Name Eckstrom, Mark E Street Address (P.O. Box Number is Not Acceptable) 2690 SE Willoughby Blvd City Stuart FL <small>Zip Code</small> 34994		
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  DATE 4-27-07 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P ECKSTROM, MARK E 379 SW HARBOR STREET STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eckstrom, Mark E 2690 SE Willoughby Blvd Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALLUM, MALCOLM B 39 SW MONTEREY RD STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hallum, Malcolm B 2690 SE Willoughby Blvd Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 			Date 4-27-07 (772) 485-8931		