2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121217

PRIVETT, CLINT

SUNRISE, FL 33351

4700 HIATUS RD, SUITE 256

Name:

Address:

City-St-Zip:

Entity Name: EAST STREET DONUTS, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
4700 HIATUS RD SUITE 256 SUNRISE, FL 33351			845 E 49TH STREET HIALEAH, FL 33010		
Current N	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
4700 HIATUS RD SUITE 256 SUNRISE, FL 33351			5701 N PINE ISLAND RD 300 TAMARAC, FL 33321		
FEI Number	: 47-0946263	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
4700 HIAT SUITE 256 SUNRISE,	FL 33351 U		ourness of changing its regis	torod office or registered agent, or both	
	e of Florida.	submits this statement for the	purpose of changing its regis	tered office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRIVETT, KEN	RD, SUITE 256	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SIMS, KEITH) Delete RD, SUITE 256 33351	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FERRALDO, F	RD, SUITE 256	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMPANARO MS 04/28/2006