2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 All Secretary of State # P04929 1. Entity Namo EASTERN SEA SYSTEMS, INC. Principal Place of Business Mailing Addross 1635 S. MIAMI RD P.O. BOX 030235 SUITE 5 FT. LAUDERDALE FL 3301 FT. LAUDERDALE FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-0722759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ONEILL, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 1635 S MIAMI RD SUITE #5 FT LAUDERDALE FL 33316 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 it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE: ~ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Defete THILE Change ☐ Addition O'NEILL, JOHN J NAME NAME 000000708295 04/24/07-80110-004 150.00 1635 S MIAMI ROAD, SUITE 5 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-SI-7IP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete FITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

12. I hereby cortify that the information supplied with this filing doos 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 eath, 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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

4/13/07

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