

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 007 ***150.00

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01222007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000121974 1. Entity Name EASTMAN METALS, INC.					
Principal Place of Business 2650 PHILLIPPE PARKWAY SAFETY HARBOR, FL 34695			Mailing Address 2650 PHILLIPPE PARKWAY SAFETY HARBOR, FL 34695		
2. Principal Place of Business - No P.O. Box # 10245 E TRAILS END RD <small>Suite, Apt. #, etc.</small>		3. Mailing Address 10245 E TRAILS END RD <small>Suite, Apt. #, etc.</small>			
City & State FLORAL CITY FL		City & State FLORAL CITY FL		4. FEI Number 20-5600753	
Zip 34436		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EASTMAN, ROGER 2650 PHILLIPPE PARKWAY SAFETY HARBOR, FL 34695			7. Name and Address of New Registered Agent Name CHRISTINE EASTMAN Street Address (P.O. Box Number is Not Acceptable) 10245 E TRAILS END RD City FLORAL CITY FL Zip Code 34436		
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 <u>Christine Eastman</u> 2/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			PRESIDENT ROGER EASTMAN 10245 E TRAILS END RD FLORAL CITY FL 34436		
			VICE PRESIDENT CHRISTINE EASTMAN 10245 E TRAILS END RD FLORAL CITY FL 34436		
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: <u>Christine Eastman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/6/07 352-726-0102 <small>Date Daytime Phone #</small>		

Christine Eastman