


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P29490 1. Entity Name EASTERN TECHNOLOGIES, INC.	
--	---

Principal Place of Business 215 SECOND AVE PO BOX 409 ASHFORD, AL 36312	Mailing Address SECOND AVENUE PO BOX 409 ASHFORD, AL 36312
--	---

DO NOT WRITE IN THIS SPACE	03162004 No Chg-P CR2E034 (10/03)
-----------------------------------	-----------------------------------

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		<p>U000000093593 03/22/04-80024-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MCWATERS, F. LARUE PO BOX 409 N/A ASHFORD, AL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FELLOWS, MARK S. PO BOX 409 N/A ASHFORD, AL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCWATERS, ANN PO BOX 409 N/A ASHFORD, AL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Mark S. Fellows** 3/16/04 334-899-4351
SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #