

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000029017

Entity Name: RETROSPECT EAST, INC.

**FILED**  
**Aug 15, 2006**  
**Secretary of State**

### **Current Principal Place of Business:**

1614 BROOKSIDE CIRCLE E  
JACKSONVILLE, FL 32207

### **New Principal Place of Business:**

1614 BROOKSIDE CIRCLE E  
JACKSONVILLE, FL 32207 US

### **Current Mailing Address:**

24726 MISTY LAKE DR  
PONTE VEDRA BEACH, FL 32082 US

### **New Mailing Address:**

1614 BROOKSIDE CIRCLE E  
JACKSONVILLE, FL 32207 US

FEI Number: 59-3185717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

WEST, CHRISTOPHER D  
24726 MISTY LAKE DR  
PONTE VEDRA BEACH, FL 32082 US

### **Name and Address of New Registered Agent:**

STOOTS, MARY A  
1614 BROOKSIDE CIRCLE E  
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: MARY STOOTS

08/15/2006

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: WEST, CHRISTOPHER D  
Address: 24726 MISTY LAKE DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD (X) Delete  
Name: STOOTS, MARY A  
Address: 1614 BROOKSIDE CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32207

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: STOOTS, MARY A  
Address: 1614 BROOKSIDE CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARY STOOTS

PSTD

08/15/2006

Electronic Signature of Signing Officer or Director

Date