


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90019 018 ***150.00

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| DOCUMENT # P93000073900 | |  |
| 1. Entity Name STAR EAST CORPORATION | | |

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| Principal Place of Business 200 VALENCIA AVE. MAITLAND, FL 32751 | Mailing Address PO BOX 1618 MAITLAND, FL 32794 US |
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50000409

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| 2. Principal Place of Business - No P.O. Box # 1801 Lee Road | 3. Mailing Address P.O. Box 941618 |
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. |



01042007 Chg-P CR2E034 (12/06)

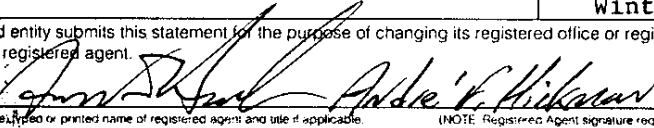
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| City & State Winter Park, FL | City & State Maitland, FL |
| Zip 32789 | Country USA |
| Zip 32794 | Country USA |

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| 4. FEI Number 59-3431650 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HICKMAN, ANDRE F 200 VALENCIA DR MAITLAND, FL 32751 | |
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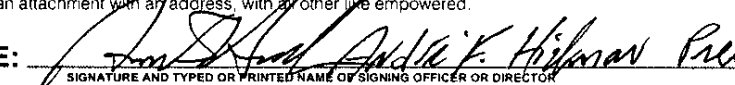
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|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Hickman, Andre' F. | |
| Street Address (P.O. Box Number is Not Acceptable) 1801 Lee Road, Suite 200 | |
| City Winter Park | FL Zip Code 32789 |

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| 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  <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 1/9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST HICKMAN, ANDRE F. 200 VALENCIA AVENUE MAITLAND, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1801 Lee Road, Suite 200 Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 another like empowered. | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 1/9/07 <small>(Date)</small> |
| | DAYTIME PHONE # (407) 629-1688 |