

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

60015456

<b>DOCUMENT # P94000045859</b> 1. Entity Name <b>EASTPOINT SUPPLIERS, INC.</b>																				
Principal Place of Business 6187 NW 167 ST UNIT H-23 MIAMI LAKES, FL 33014 US		Mailing Address 6187 NW 167 ST UNIT H-23 MIAMI LAKES, FL 33014 US																		
2. Principal Place of Business <i>6135 W 21 CT</i>	3. Mailing Address <i>6135 W 21 CT</i>																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																		
City & State <i>HALEAH FL</i>	City & State <i>HALEAH FL</i>	4. FEI Number 65-0571710																		
Zip <i>33016</i>	Country <i>USA</i>	Applied For Not Applicable																		
Zip <i>33016</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																		
6. Name and Address of Current Registered Agent FLEMING, KENNETH 6187 NW 167TH ST H-23 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>6135 W 21 CT</i> City <i>HALEAH</i> FL Zip Code <i>33016</i>																		
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, the registered agent. SIGNATURE <i>[Signature]</i> <span style="float: right;">DATE</span> <small>(NOTE: Registered Agent's signature required when returning)</small>																				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">TITLE</td> <td style="width: 60%; padding: 2px;">                             P                              FLEMING, KENNETH                              16010 KINGSMOORE WAY                              MIAMI, FL 33014                         </td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">                             VP                              FLEMING, EMMA                              16010 KINGSMOORE WAY                              MIAMI, FL 33014                         </td> <td style="padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	TITLE	P FLEMING, KENNETH 16010 KINGSMOORE WAY MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE	VP FLEMING, EMMA 16010 KINGSMOORE WAY MIAMI, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P FLEMING, KENNETH 16010 KINGSMOORE WAY MIAMI, FL 33014	<input type="checkbox"/> Delete																		
TITLE	VP FLEMING, EMMA 16010 KINGSMOORE WAY MIAMI, FL 33014	<input checked="" type="checkbox"/> Delete																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																				

CFR2034 (10/02)