

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90032 036 ***150.00

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00104510



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000056817

1. Entity Name
EAST ORANGE SUN, INC.

Principal Place of Business
1009 SWEETBROOK WAY
ORLANDO FL 32328

Mailing Address
12472 LAKE UNDERHILL RD
SUITE 184
ORLANDO FL 32828
US

2. Principal Place of Business
842 Maple Tree Lane
Suite, Apt. #, etc.
Orlando
City & State
Orlando FL
Zip
32828
Country
USA

3. Mailing Address
842 Maple Tree Lane
Suite, Apt. #, etc.
Orlando FL
City & State
Orlando FL
Zip
32828
Country
USA

4. FEI Number
59-3395563

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
QUATRANO, CHERYL A
1009 SWEETBROOK WAY
ORLANDO FL 32328

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.
SIGNATURE Cheryl A. Quatrano Cheryl A. Quatrano President 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE D
NAME QUATRANO, CHERYL A
STREET ADDRESS 1009 SWEETBROOK WAY
CITY-ST-ZIP ORLANDO FL 32328
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl A. Quatrano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

May 16, 2002 8:00 am

Secretary of State

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