2007 FOR PROFIT CORPOFATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000103022

1. Entity Name

E A S ENTERPRISES, INC.



FILED Apr 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

912 W. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603

912 W. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603



04162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3416340 Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SIERRA, PAUL J 912 W. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603

TAMPA, FL 33603

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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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	DP				
NAME	SIERRA, PAUL J				
STREET ADDRESS	912 W. MARTIN LUTHER KING, JR. BLVD.				
CITY-ST-ZIP	TAMPA, FL 33603				
TITLE	DVST				
NAME	SIERRA, ELISE A				
STREET ADDRESS	912 W. MARTIN LUTHER KING, JR. BLVD.				

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U000000716438 04/30/07-80007-023 158.75

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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elise A. Sierra

04/16/07

813/228-6661

Daytime Phone #