


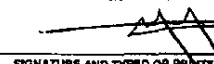
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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P97000074909

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000074909</b> 1. Entity Name <b>EA INVESTMENTS, INC.</b>					
Principal Place of Business <b>160 BOAKE TRAIL RICHMOND HILL- ONTARIO, L4B-3-8 CA</b>			Mailing Address <b>160 BOAKE TRAIL RICHMOND HILL- ONTARIO, L4B-3-8 CA</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BESHARA, HARB 7031 BENJAMIN RD., SUITE #G TAMPA, FL 33634</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> 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. 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 Agents signature required when resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D AFFARA, ELIAS I</b> <input type="checkbox"/> Delete <b>14 HUNTINGTON PARK DR THONHILL ONTARIO L3T 769,</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>100038171361</b>  <b>06/22/04--01079--001 ***35.00</b> </div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D AFFARA, ELIAS I</b> <input type="checkbox"/> Delete <b>160 BOAKE TRAIL ONTARIO, L4B-38</b>			<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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TITLE NAME STREET ADDRESS CITY- ST- ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>ELIAS AFFARA</b> <span style="float: right;">May-25-2004 905-787-9679</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

