


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90069 017 ***150.00

DOCUMENT # P97000099902	
1. Entity Name EASTERN ASSET MANAGEMENT, INC.	

Principal Place of Business 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410	Mailing Address 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410
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40046484



04102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 3307 NORTHLAKE BLVD. Suite, Apt. # etc SUITE 107 City & State	3. Mailing Address 3307 NORTHLAKE BLVD Suite, Apt. # etc SUITE 107 City & State
Zip	Country

4. FEI Number 65-0800261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEWIS, WILLIAM F 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3307 NORTHLAKE BLVD SUITE 107 City FL Zip Code	
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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 <u>William F. Lewis</u> DATE <u>4-10-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3307 NORTHLAKE BLVD, SUITE 107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, WILLIAM F 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3307 NORTHLAKE BLVD, SUITE 107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>William F. Lewis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-10-06</u> Daytime Phone # <u>561-626-2778</u>

WILLIAM F. LEWIS