

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL 30 AM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099902 1. Entity Name EASTERN ASSET MANAGEMENT, INC.					
Principal Place of Business 3367 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33410			Mailing Address 3367 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box # <u>3307 NORTHLAKE BLVD</u>		3. Mailing Address <u>3307 NORTHLAKE BLVD</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <u>33407</u>	Country	Zip <u>33407</u>	Country	4. FEI Number 65-0800261	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, WILLIAM F 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL <u>33410</u>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code <u>33403</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSSEN, JOSEPH F 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL <u>33410</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>33403</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, WILLIAM F 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL <u>33410</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>33403</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5001072641 <u>33403</u> 08/03/07--01052--012 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-28-07 561-626-2778 <small>Date Daytime Phone #</small>		

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7/31/07

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COMPLETE PROPERTY MANAGEMENT, INC.

JOSEPH F. CROSSEN, PRESIDENT
3307 Northlake Blvd., Suite 107
Palm Beach Gardens, Florida 33403
Ofc. (561) 626-2778 Fax (561) 626-3911

July 20, 2007

REAL ESTATE

Investments

Consultation

Project Development

Appraisals

R.E. Brokers License
BL-0574356

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Annual Reports: Doc #P97000099902
#P96000062486
#A02000000956
#654330

TO WHOM IT MAY CONCERN:

PROPERTY MANAGEMENT

Management Surveys

Feasibility Studies

Market Analysis

Recently we received "Notice of Intent to Dissolve" forms indicating that the above noted entities had not filed the annual corporate report. This is an error and I must assume it is an error created by your office.

Enclosed please find copies of the original checks issued in payment of all of the above corporate reports as well as a copy of the original forms submitted. You will note that the address listed on the check copies is correct!

This letter is written to request that you waive any and all additional fees charged. Enclosed with this letter you will find substitute checks issued for the original fees charged.

CONSTRUCTION AND DEVELOPMENT

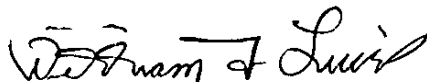
Land Development

Conceptual Analysis

General Contractor
Lic #CGC041819

If this is not acceptable or if you have any questions I request that you call me directly at the number listed above.

Sincerely,



William F. Lewis
General Manager/Controller