

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90018 038 ***150.00

DOCUMENT # P98000100115
 1. Entity Name
 ETA ASSOCIATES, INC.



Principal Place of Business Mailing Address
 91 EAST DRIVE 91 EAST DRIVE
 MELBOURNE, FL 32904 MELBOURNE, FL 32904



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 4450 W. EAU GALIE BLVD 4450 W. EAU GALIE BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 133 SUITE 133

01112007 Chg-P CR2E034 (12/06)

City & State City & State
 Melbourne, FL Melbourne, FL
 Zip Country Zip Country
 32934-7276 USA 32934-7276 USA

4. FEI Number Applied For
 59-3540732 Not Applicable

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

6. Name and Address of Current Registered Agent
 CARRANDI, ARTEMIO P
 91 EAST DRIVE
 MELBOURNE, FL 32904

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 4450 W. EAU GALIE BLVD
 SUITE 133
 City Melbourne FL Zip Code 32934-7276

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: *Artemio Carrandi* DATE: 1/15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POWER, EMILIO J	
STREET ADDRESS	91 EAST DRIVE	
CITY - ST - ZIP	MELBOURNE, FL 32904	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CARRANDI, ARTEMIO P	
STREET ADDRESS	91 EAST DRIVE	
CITY - ST - ZIP	MELBOURNE, FL 32904	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ-FALCON, ANTONIO J	
STREET ADDRESS	91 EAST DRIVE	
CITY - ST - ZIP	MELBOURNE, FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4450 W. EAU GALIE BLVD, SUITE 133	
CITY - ST - ZIP	MELBOURNE, FL 32934-7276	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4450 W. EAU GALIE BLVD, SUITE 133	
CITY - ST - ZIP	MELBOURNE, FL 32934-7276	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4450 W. EAU GALIE BLVD SUITE 133	
CITY - ST - ZIP	MELBOURNE, FL 32934-7276	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Antonio J Perez-Falcon* DATE: 1/30/07 DAYTIME PHONE #: 321 427-4372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR