2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2007 8:00 am Secretary of State **DOCUMENT # P99000006524** 1. Entity Name 01-26-2007 90032 034 ***150 00 EAST HILL CD, INC. Principal Place of Business Mailing Address 1301 WEST GARDEN STREET 2509 NORTH 12TH AVENUE 60007391 PENSACOLA, FL 32503 PENSACOLA, FL 32501 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3552125 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **B**ASS AND SANDFORT ACCOUNTANTS DO NOT WRITE 1301 W. GARDEN STREET PENSACOLA, FL 32501 IN THIS SPACE 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 little 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 Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME JONES, PAUL E 2509 NORTH 12TH AVENUE STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE July 1888 1881 N. 10 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNATURE AND TAPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #