***2004 FOR PROFIT CORPORATION**

FILED Feb 02, 2004 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P99000068013 1. Entity Name H.B. EASTON, INC. Principal Place of Business Mailing Address 5100 W COPANS ROAD #600 5100 W COPANS ROAD #600 MARGATE, FL 33063 MARGATE, FL 33063 01242004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2501074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BINNIE, HARRY N DO NOT WRITE 5100 W COPANS ROAD #600 MARGATE, FL 33063 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 title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. U00000026897 Added to Fees 02/02/04-80131-022 150.AO 10. OFFICERS AND DIRECTORS PSTD THE NAME BINNIE, HARRY N 5100 W COPANS ROAD #600 STREET ADDRESS CHY-ST-ZIP MARGATE, FL 33063 7133 F NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS CSTY-ST-78P

12. I hereby certify that the information supplied with this filling 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 employered 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 employered.

SIGNATURE:

BILE NAME STREET ADDRESS CITY-ST-ZIP