


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90010 045 ***158.75

DOCUMENT # P99000075879 1. Entity Name 2601 EAST CORP.					
Principal Place of Business 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496			Mailing Address 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496		
2. Principal Place of Business 1008 GRAND COURT Suite, Apt. #, etc.		3. Mailing Address 1008 GRAND COURT Suite, Apt. #, etc.			
City & State Highland Beach, fl. Zip 33487		City & State Highland Beach, fl. Zip 33487		4. FEI Number 65-0946006 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, LELAND 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name MORRIS, LELAND Street Address (P.O. Box Number is Not Acceptable) 1008 GRAND COURT City Highland Beach FL Zip Code 33487		
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>LELAND MORRIS DP</u> DATE: <u>2/20/06</u> <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 \$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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, LELAND 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, LELAND 1008 GRAND COURT Highland Beach, fl. 33487	
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	
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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>LELAND MORRIS DP</u> DATE: <u>2/20/06</u> DAYTIME PHONE: <u>561-417-4868</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					