


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000075879		
1. Entity Name 2601 EAST CORP.		

Principal Place of Business 1008 GRAND CT BOCA RATON, FL 33487	Mailing Address 1008 GRAND CT BOCA RATON, FL 33487
--	--

2. Principal Place of Business - No P.O. Box # 140 N. Federal Highway	3. Mailing Address 140 N. Federal Highway
Suite, Apt. #, etc. 2nd floor	Suite, Apt. #, etc. 2nd floor

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33432	Zip 33432
Country USA	Country USA

FILED
07 JUN 12 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05312007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MORRIS, LELAND 1008 GRAND CT HIGHLAND BCH, FL 33487		7. Name and Address of New Registered Agent Name Gregory K. Talbott Street Address (P.O. Box Number is Not Acceptable) 140 N. Federal Highway - 2nd floor City Boca Raton FL Zip Code 33432	
---	--	--	--

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 X *(Signature)* DATE MAY 31, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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 1008 GRAND CT HIGHLAND BEACH, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Talbott, Gregory 140 N. Federal Highway BOCA RATON FL 33432 <input type="checkbox"/> Change <input checked="" 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
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: X *(Signature)* DATE MAY 31, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-343-8525
SP