
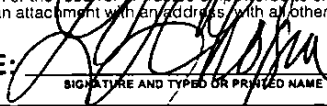


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90021 017 \*\*\*150.00

<b>DOCUMENT # S01718</b> 1. Entity Name <b>EATON SQUARE, INC.</b>						
Principal Place of Business <b>1 N CLEMATIS ST WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1 N CLEMATIS ST WEST PALM BEACH, FL 33401</b>			
2. Principal Place of Business <b>515 N. Flegler Drive</b> Suite, Apt. #, etc. <b>Suite 300 P</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b>			3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country <b>US</b>			
4. FEI Number <b>65-0231692</b>			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>CHOPIN, FRANK 1 N CLEMATIS ST WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>515 N. Flegler Drive</b> Suite 300 P City <b>West Palm Beach</b>			
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.			Zip Code <b>FL 33401</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DS CHOPIN, L. FRANK 1 CLEMATIS ST WEST PALM BEACH, FL 33401		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	515 N. Flegler Dr., Ste 300 P West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATHLEEN DUROSS FORD 1 N CLEMATIS ST WEST PALM BEACH, FL 33401		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	515 N. Flegler Dr., Ste 300 P West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE 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 another like empowered.						
SIGNATURE: 			3/10/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date			
561-655-7500			Daytime Phone #			

50005110



03082006 Chg-P CR2E034 (11/05)