## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # V67940

1. Entity Name

EASTON CONSTRUCTION COMPANY, INC.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

10165 N.W. 19 STREET MIAMI, FL 33172 Mailing Address

10165 N.W. 19 STREET MIAMI, FL 33172



DO NOT WRITE IN THIS SPACE

04082006 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 65-0363437

Not Applicable

Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 N.W. 19 STREET MIAMI, FL 33172

## DO NOT WRITE 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 it   | f applicable. (NOTE, Registered   | Agent signature | required when reinstating)     | DATE                                      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00   |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |                 | \$5.00 May Be<br>Added to Fees |   |
| 10.   | OFFICERS AND DIREC  | CTORS   |                 |                                | · · · · · · · · · · · · · · · · · · ·     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CDP<br>EASTON, EDWARD W.<br>10165 N.W. 19 STREET<br>MIAMI, FL 33172 |   |                 |                                | U00000539926<br>05/09/06-80119-008 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                 |                                |   |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP  |   |   |                 | DO                             | NOT WRITE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |                 | IN .                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                 |                                |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                 |                                |   |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 149. Florida Statistics 1 further continue that the information                                 |   |   |                 |                                |   |

1.2. I nereby certify that the information supplied with this litting 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 emprehend 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 7 2006

305-593-2227 Dayline Phone #

Date