


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F02000004140 1. Entity Name E.G.L. INVESTMENT CORPORATION	
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Principal Place of Business 2401 N.W. 65 STREET PO BOX 70567 SEATTLE, WA 98107	Mailing Address 2401 N.W. 65 STREET PO BOX 70567 SEATTLE, WA 98107
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0941221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARBIN, EVAN R ESQ.
 48 EAST FLAGLER STREET, PH-104
 MIAMI, FL 33131

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUMINS, VISVALDIS 2901 S BAYSHORE DR APT 1B MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIEDIS, IVARS 1121 N.E. 86 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BRIEDIS, HELENA 1121 N.E. 86 STREET MIAMI, FL 33138
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 05/10/06-80100-016 150.00

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: IVARS BRIEDIS 04/25/06 305 2825119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #