


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J02097 1. Entity Name EIP HOLDING CORP.	
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Principal Place of Business 419 KEY EXECUTIVE BLVD 104 CRANDON BLVD KEY BISCAVNE, FL 33149	Mailing Address 419 KEY EXECUTIVE BLVD 104 CRANDON BLVD KEY BISCAVNE, FL 33149
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3335623	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 SPENCER, S.A. 251 CRANDON BLVD TH164 KEY BISCAVNE, FL 33149
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**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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, S.A. 251 CRANDON BLVD #164 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONAGHY, JAMES W. 7 RIDGEWOOD DR BRIDGEWATER, CT 06752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEISCHNER, STEVEN 1979 DOGWOOD DR SCOTCH PLAINS, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER, MARY M 251 CRANDON BLVD, #164 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/05-80058-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steve Leischner Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-8-05 Daytime Phone #: (305) 361-8864