2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # N03000001638 04-09-2007 90071 022 ****70.50 THE NEW EAGLE EYE CLAN CORP Principal Place of Business Mailing Address 22429 NW LAKE MCKINZIE 22429 NW LAKE MCKINZIE **ALTHA FL 32421** ALTHA FL 32421 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEt Number Applied For 04-3744902 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARGETSINGER, RONALD L Street Address (P.O. Box Number is Not Acceptable) 22429 NW LAKE MCKINZIE ALTHA FL 32421 Zip Code 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 applicable (NOTE: Registered Agent signature reduired when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DHE ☐ Delete 11111 ☐ Change ☐ Addition NAME HICKS, DEBRA NAMI STREET ADDRESS SIDELLADDRESS 1135A 1ST STREET CITY-ST-7IP CITY ST ZIP SOUTHPORT FL 32409 DITTE Delete 1101 Change Addition NAMI. MOORE, BEVERLY NAMI STREET ADDRESS STRLET ADDRESS 3036 LANE RD., APT A CITY ST-ZIP PANAMA CITY FL 32404 CITY ST 7/P THE Delete Change ■ Addition NAME NAMI ARGETSINGER, RONALD L SINCET ADDITION STREET ADDRESS 22429 NW LAKE MCKINZIE CITY ST ZIP CITY ST ZIP ALTHA FL 32421 шп ☐ Delete Hitt ☐ Change ☐ Addition NAME NAMI NOWLING, ROSS A II STREET ADDRESS SIDELLADORESS 4027 E HWY 388 CITY-ST-ZIP CHY ST ZIP YOUNGSTOWN FL 32466 TITLE ☐ Delete □ Change ☐ Addition NAME ARGETSINGER, HELEN R NAM STREET ADDRESS STREET ADDRESS 22429 NW LAKE MCKINZIE CHY-ST-ZIP **ALTHA FL 32421** CHY ST ZIP RHE ☐ Delete Change Addition ח DILLE NAME DRUAGHON, LYNN NAME STREET ADDRESS 4027 E HWY 388 STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachyront with an address, with all other like empowered.

CITY+S1 ZIP

YOUNGSTOWN FL 32466

CITY-ST-ZIP

3/29/6.7 850-7628478

FILED