2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003273

Entity Name: EAGLE TWO OCEANIC, INC.

FILED Aug 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

219 SHERIDIAN LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

385G KAELEPULU DR 46-034 PUULENA STREE KALUA, HI 96734 KANEOHE, HI 96744

FEI Number: 59-3310945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONOVAN, TEENA 219 SHERIDAN LONGWOOD, FL 32750 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD () Delete (X) Change () Addition DAVIS, WINSTON R DAVIS, WINSTON R Name: Name: Address: 385G KAELEPULU DR Address: 46-034 PUULENA STREET, NO. 724

City-St-Zip: KAILUA, HI 96734 City-St-Zip: KANEOHE, HI 96774

Title: SD () Delete Title: SD (X) Change () Addition DONOVAN, TEENA S Name: Name: DONOVAN, TEENA S

Address: 219 SHERIDAND Address: 219 SHERIDAN City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

Title: () Delete Title: () Change () Addition

DONOVAN, JAMES Name: Name: Address: 219 SHERIDAN Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON R. DAVIS PTD 08/05/2005