2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90011 013 ***150.00

DOCUMENT # P00000106265

1. Entity Name
EAGLE CREEK DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
370 CENTER POINTE CIRCLE, STE. 1136 ALTAMONTE SPRINGS, FL 32701	370 CENTER POINTE CIRCLE, STE. 1136 ALTAMONTE SPRINGS, FL 32701

02182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3680160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASQUALETTI, JOSEPH P
370 CENTER POINTE CIRCLE, STE. 1136
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name Mary Walsh
Street Address (P.O. Box Number is Not Acceptable)
370 Centerpointe Cir., #1136
City Altamonte Springs FL Zip Code 32701

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 Mary Walsh 2/22/2008
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST PASQUALETTI, JOSEPH P 370 CENTER POINTE CIRCLE, STE. 1136 ALTAMONTE SPRINGS, FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Eric Emerson 370 Centerpointe Cir., #1136 Altamonte Springs, FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, PETER E 370 CENTER POINTE CIRCLE, STE. 1136 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Jonathan Claber 370 Centerpointe Cir., #1136 Altamonte Springs, FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KYNASTON, NEIL 370 CENTER POINTE CIRCLE, STE. 1136 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/11/2008 (407)834-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #