- 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P04000079 EGAN, INC.		04-13-2005 90036 030 ***150.00				
Principal Place	e of Business			CONT!	321		
Principal Place of Business 9858 N.W. 1ST COURT PLANTATION, FL 33324 PLANTATION, FL 33324 Mailing Address 9858 N.W. 1ST COURT PLANTATION, FL 33324			1				01 06
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252005	Chg-P	CR2E034 (10/03)	
City & State	an G	City & State	·	4. FEI Number	1184350) No	plied For t Applicable
Zip -	Country	Zíp	Country	5. Certificate	of Status Desired	See Require	litional _ d
þ.	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent	
		Name	Name				
	, NIEL 1ST COURT ION, FL 33324	Street Address		(P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	е
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 reinstasing) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS	T 11.	ADDITIONS.	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLÉ	D	☐ Delete	TITLE			Change	Addition
NAME	LATEGAN, NIEL		HAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP				- Addition
TITLE - NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		-		
TITLE		Delete	TITLE			☐ Change	Addition
NAME			NAME			•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	,	☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		Пъ	- 			☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME			Change	AUUKION
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	1		CITY-ST-ZIP				
TITLE		. Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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;

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

04/07/2005 , Online Daytime Phone #