

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095689

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: EAGLE LABS, INCORPORATED

**Current Principal Place of Business:**

5000 PARK STREET NORTH  
SUITE 3  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

5000 PARK STREET NORTH  
SUITE 3  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

FEI Number: 55-0877197      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCEWEN, DAVID B ESQ  
DAVID B. MCEWEN, P.A.  
100 FIRST AVE SOUTH - STE 340  
ST PETERSBURG, FL 33701 US

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

MCEWEN, DAVID B ESQ  
DAVID B. MCEWEN, P.A.  
560 1ST AVENUE NORTH  
ST PETERSBURG, FL 33701 US

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: DAVID B. MCEWEN, P.A.      04/28/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HAULSEE, MICHAEL S  
Address: 2900 PELHAM RD NORTH  
City-St-Zip: ST PETERSBURG, FL 337102850

Title: D      ( ) Delete  
Name: WOLFINBARGER, ANTHONY L  
Address: 3093 REGAL OAKS BLVD  
City-St-Zip: PALM HARBOR, FL 346841612

Title: D      ( ) Delete  
Name: MOLLOY, MICHAEL J  
Address: 7085 S. SHORE DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY WOLFINBARGER      D      04/28/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date