


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000111233
 1. Entity Name
EAGLE GROUP 2000, INC.



Principal Place of Business Mailing Address
500 NW 165TH ST/RD #204 **500 NW 165TH ST/RD #204**
MIAMI, FL 33169 **MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
65-0981384 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LODISH, ALVIN
2500 1ST UNION FINANCIAL CENTER
MIAMI, FL 33131-2336

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKE, GEORGE E 500 NW 165TH ST/RD #204 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEGNUN, JAMES 3464 PINEHAVEN CIR BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEIDENBERS, BRETT 8524 DEE CIR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FELIZ, JOSE 13177 W 17 TERRACE PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000523555
 05/03/06-80074-024 150.00

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 reports 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]* **4/18/06** **305-945-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #