2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076230

Entity Name: BLACK EAGLE, INC.

FILED Apr 03, 2009 Secretary of State

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

2410 WATERSIDE DRIVE 2410 WATERSIDE DRIVE

FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 US

Current Mailing Address: New Mailing Address:

2410 WATERSIDE DRIVE 2410 WATERSIDE DRIVE

FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 US

FEI Number: 61-1419702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROSCIOLI, SHARON 2410 WATERSIDE DRIVE FORT LAUDERDALE, FL 33312 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition

 Name:
 ROSCIOLI, ROBERT
 Name:
 ROSCIOLI, ROBERT

 Address:
 2410 WATERSIDE DRIVE
 Address:
 2410 WATERSIDE DRIVE

City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: ST () Delete Title: STD (X) Change () Addition

 Name:
 ROSCIOLI, SHARON

 Address:
 2410 WATERSIDE DRIVE

 Address:
 2410 WATERSIDE DRIVE

Address:
ROSCIOLI, SHARON
Address:
2410 WATERSIDE DRIVE

Address: 2410 WATERSIDE DRIVE Address: 2410 WATERSIDE DRIVE

City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312 US

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: SHARON ROSCIOLI STD 04/03/2009