2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000233

1. Entity Name
SOMERSET EAGLE CORP.

Principal Place of Business	Mailing Address
C/O NAPIC 399 TEQUESTA DR #101 JUPITER, FL 33469	C/O NAPIC PO BOX 3659 JUPITER, FL 33469

DO NOT WRITE IN THIS SPACE

01062006 No Chg P CR2E034 (11/05)

4. FEI Number
22-3079725
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORTH AMERICAN PROPERTY INV. CORP
399 TEQUESTA DR #101
JUPITER, FL 33469

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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	PCD
NAME	ABDO SAEED, ABDULLA
STREET ADDRESS	TWO KINGSMILL TERRACE
CITY-ST-ZIP	LONDON NW8 6AA, ENGLAND,
TITLE	VSD
NAME	ABDO SAEED, DIRHAM
STREET ADDRESS	TWO KINGSMILL TERRACE
CITY-ST-ZIP	LONDON NW8 6AA, ENGLAND,
TITLE	TD
NAME	ABDO SAEED, MOHAMED
STREET ADDRESS	TWO KINGSMILL TERRACE
CITY-ST-ZIP	LONDON NW8 6AA ENGLAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80152-024 150.00

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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: _____ 4-10-06 10-4-2006 561-745-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #