2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000233

Entity Name: SOMERSET EAGLE CORP.

TWO KINGSMILL TERRACE

LONDON NW8 6AA ENGLAND,

Address: City-St-Zip: FILED May 05, 2009 Secretary of State

Littly Nai	ile. SOWERS	ET LAGLE CORF.			
Current Principal Place of Business:				New Principal Place of Business:	
C/O NAPIC 399 TEQUESTA DR #101 JUPITER, FL 33469				C/O NAPIC 12230 FOREST HILL BLVD WELLINGTON, FL 33414	
Current Mailing Address:				New Mailing Address:	
C/O NAPIC PO BOX 3659 JUPITER, FL 33469				C/O NAPIC 12230 FOREST HILL BLVD #118 WELLINGTON, FL 33414	
FEI Number:	22-3079725	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
NORTH AMERICAN PROPERTY INV. CORP 399 TEQUESTA DR #101 JUPITER, FL 33469 US				NORTH AMERICAN PROPERTY INV. CORP 12230 FOREST HILL BLVD #118 WELLINGTON, FL 33414 US	
	named entity of Florida.	submits this statement for the pu	urpose of	changing its registere	d office or registered agent, or both,
SIGNATURE:				05/05/2009	
	Electror	nic Signature of Registered Ager	nt		Date
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive th	ne prior notice.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ABDO SAEED, TWO KINGSMI			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ABDO SAEED, TWO KINGSMI			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	TD () ABDO SAEED,) Delete MOHAMED		Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: ABDULLA ABDO SAEED P 05/05/2009