

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000829

Entity Name: EIGENHEIM CORP

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

1140 LEE BLVD.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

400 HARRISON DR
LEHIGH ACRES, FL 33936

Current Mailing Address:

PO BOX 392
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 88-0455146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKART, FINGERLE
1140 LEE BLVD.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

ECKART, FINGERLE
400 HARRISON DR
LEHIGH ACRES, FL 33936 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: ECKART FINGERLE

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CV () Delete
Name: SVEN, HAMMER
Address: PO BOX 392
City-St-Zip: LEHIGH ACRES, FL 33970

Title: P () Delete
Name: ECKART, FINGERLE
Address: PO BOX 392
City-St-Zip: LEHIGH ACRES, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ECKART FINGERLE

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date