


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90217 037 \*\*\*150.00

<b>DOCUMENT # F06000002264</b> 1. Entity Name <b>EAGLES 3 GROUP, INC.</b>					
Principal Place of Business <b>1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204</b>			Mailing Address <b>1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box # <b>4745 Sutton Park Ct</b>		3. Mailing Address <b>same as # 2</b>			
Suite, Apt. #, etc. <b>Ste 602</b>		Suite, Apt. #, etc. 			
City & State <b>Jacksonville, FL</b>		City & State 			
Zip <b>32224</b>		Country 		Zip 	
Country 		Country 			
4. FEI Number <b>20-3851769</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MANTLE, RAY 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>4745 Sutton Park Ct. Ste 602</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32224</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SCALLAN, L. JOE</b> <b>105 MELROSE PLACE</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>HARPER, DAVID</b> <b>201 ALHAMBRA CIRCLE, SUITE 900</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMATHERS, BRUCE</b> <b>4051 TIMUQUANA ROAD</b> <b>JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL, ERIC</b> <b>5923 NORWOOD AVENUE</b> <b>JACKSONVILLE, FL 32208</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNETT, JONATHAN</b> <b>6 HAWKOWS LANE</b> <b>PURCHASE, NY 10577</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>L. Joe Scallan</i> <b>Chair</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-24-07 9048219991</b> <small>Date Daytime Phone #</small>		