


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90035 048 ***150.00

DOCUMENT # F06000002264	
1. Entity Name EAGLES 3 GROUP, INC.	

Principal Place of Business 4757 SULTON PARK CT STE 602 JACKSONVILLE, FL 32224	Mailing Address 4757 SULTON PARK CT STE 602 JACKSONVILLE, FL 32224
--	--

2. Principal Place of Business - No P.O. Box # 566 Bowie Blvd	3. Mailing Address SAME as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orange Park FL	City & State
Zip 32073	Country USA



04302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MANTLE, RAY 4745 SULTON PARK CT STE 602 JACKSONVILLE, FL 32224	
--	--

7. Name and Address of New Registered Agent Name Jacqueline Price Street Address (P.O. Box Number is Not Acceptable) 566 Bowie Blvd City Orange Park FL Zip Code 32073	
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 Jacqueline Price Jacqueline Price 4/25/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SCALLAN, L. JOE 105 MELROSE PLACE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	566 Bowie Blvd Orange Park FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC HARPER, DAVID 201 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134 <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	D SMATHERS, BRUCE 4051 TIMUQUANA ROAD JACKSONVILLE, FL 32210 <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	D BARNETT, JONATHAN 6 HARROWS LN PURCHASE, NY 10577 <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	<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	<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.	
SIGNATURE Bruce A. Smathers Dir SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/25/08 Daytime Phone #

Bruce A. Smathers