
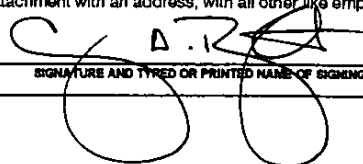


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90002 037 ***150.00

DOCUMENT # F84484			
1. Entity Name GREAT EAGLE, INC.			
Principal Place of Business GREAT EAGLE, INC. C/O RONALD R. PETRINI 2310 STARKEY RD LARGO, FL 33771		Mailing Address GREAT EAGLE, INC. C/O RONALD R. PETRINI 2310 STARKEY RD LARGO, FL 33771 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03152006 Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2201065	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETRINI, RONALD R 122 HARBORVIEW LANE LARGO, FL 33770		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBRIGHT, CRAIG A.	NAME	
STREET ADDRESS	119 OZONA RIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCARDI, NINA	NAME	
STREET ADDRESS	2432 PELHAM RD N.	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD	NAME	
STREET ADDRESS	3044 BRANCH DR	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRINI, RONALD R.	NAME	VD
STREET ADDRESS	122 HARBORVIEW LANE	STREET ADDRESS	PETRINI, RONALD R.
CITY-ST-ZIP	LARGO, FL 33770	CITY-ST-ZIP	316 LOTUS PATH
TITLE	ATD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLOWSKI, CLAUDIA (AST)	NAME	
STREET ADDRESS	2340 EDGEWATER LANE	STREET ADDRESS	CLEARWATER, FL 33756
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 3/20/06 Daytime Phone #: (727) 584-8626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	