

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G82946

FILED
Jan 11, 2007
Secretary of State

Entity Name: DOUBLE EAGLE DISTRIBUTING, INC.

Current Principal Place of Business:

% PERCY J. ORTHWEIN II
50 LOCK ROAD
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

% PERCY J. ORTHWEIN II
50 LOCK ROAD
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 59-2365790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTHWEIN, PERCY J., II
50 LOCK RD.
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORTHWEIN, JAMES B., JR.
Address: 330 BANYAN ROAD
City-St-Zip: GULFSTREAM, FL 33483

Title: VST () Delete
Name: ORTHWEIN, PERCY J. I, I
Address: 543 PALM WAY
City-St-Zip: GULFSTREAM, FL 33483

Title: V () Delete
Name: HORSFALL, JOSEPH,
Address: 6051 NW 68TH ST
City-St-Zip: PARKLAND, FL 33067

Title: V () Delete
Name: PRICE, JAMES D
Address: 4932 NW 55 BLVD
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JOSEPH D. HORSFALL

MR.

01/11/2007

Electronic Signature of Signing Officer or Director

Date