## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G87841

Entity Name: EAGLE BRANDS, INC.

KADRE, MANUEL

3201 NW 72 AVE.

MIAMI, FL

Name:

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Littly Na	me. LAGLE I	DRANDS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OS M. DE LA C AM DAIRY ROA 33122				
Current Mailing Address:			New Mailing Address:		
	OS M. DE LA C AM DAIRY ROA 33122				
FEI Number	: 59-2385262	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2 ALHAME PENTHOL	BRA PLAZA	& MORENO PA 134 US			
The above in the State	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DC ( DE LA CRUZ, 0 3201 N.W. 72 MIAMI, FL 331	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( DE LA CRUZ, I 5 HARBOR PO KEY BISCAYN	INT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP ( DE LA CRUZ, 0 3201 N.W. 72N MIAMI, FL 331	ID AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VPGC (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL KADRE VPGC 04/27/2006