

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75351

Entity Name: P & D EAGLE GOLF, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

18986 CLOUD LAKE CIRCLE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

18986 CLOUD LAKE CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 59-2816888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWD, PATRICIA O'BRIEN
18986 CLOUD LAKE CIR.
BOCA RATON, FL 33496 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: D () Delete
Name: DOWD, PATRICIA O'BRI, EN
Address: 18986 CLOUD LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

Title: D () Delete
Name: DOWD, DANIEL L., III,
Address: 18986 CLOUD LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

Title: D () Delete
Name: O'BRIEN, DOUGLAS W.,
Address: 214 DAWES AVE.
City-St-Zip: PITTSFIELD, MA 01201 US

Title: D () Delete
Name: O'BRIEN, JAMES J.,
Address: 171 SWANTON STREET , #171
City-St-Zip: WINCHESTER, MA 01890 US

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 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: PATRICIA O DOWD

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date