

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046196

FILED
Apr 14, 2009
Secretary of State

Entity Name: EAGLE MARKETING INTERNATIONAL LLC

Current Principal Place of Business:

2689 DUDLEY DRIVE WEST, UNIT B
WEST PALM BEACH, FL 334158006

New Principal Place of Business:

Current Mailing Address:

2689 DUDLEY DRIVE WEST, UNIT B
WEST PALM BEACH, FL 334158006

New Mailing Address:

FEI Number: 20-1330766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRETT, SYLVIA
2689 DUDLEY DRIVE WEST, UNIT B
WEST PALM BEACH, FL 334158006 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARRETT, SYLVIA
Address: 2689 DUDLEY DRIVE WEST, UNIT B
City-St-Zip: WEST PALM BEACH, FL 334158006

Title: MGR () Delete
Name: BARRETT, THOMAS
Address: 2689 DUDLEY DRIVE WEST, UNIT B
City-St-Zip: WEST PALM BEACH, FL 334158006

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARRETT, SYLVIA
Address: 7040-25 SEMINOLE - PW #133
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR (X) Change () Addition
Name: BARRETT, THOMAS
Address: 7040-25 SEMINOLE-PW #133
City-St-Zip: LOXAHATCHEE, FL 33470

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS BARRETT

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date