2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108630

Entity Name: EADS GROUP, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5457 MIRA VISTA DRIVE PALM HARBOR, FL 34685	10079 BENT TREE LN FISHERS, IN 46037

Current Mailing Address:	**New Mailing Address:**
5457 MIRA VISTA DRIVE PALM HARBOR, FL 34685	10079 BENT TREE LN FISHERS, IN 46037

FEI Number: 20-4193408   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DARNELL, ALAN D 5457 MIRA VISTA DR PALM HARBOR, FL 34685 US	FISHMAN, STEVEN M 2454 N. MCMULLEN BOOTH RD #D 607 CLEARWATER, FL 33759 US

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: STEVEN M FISHMAN   04/29/2009

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	DARNELL, ALAN D	Name:	DARNELL, ALAN D
Address:	5457 MIRA VISTA DRIVE	Address:	10079 BENT TREE LN
City-St-Zip:	PALM HARBOR, FL 34685	City-St-Zip:	FISHERS, IN 46037

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	DARNELL, PATRICIA A	Name:	DARNELL, PATRICIA A
Address:	5457 MIRA VISTA DRIVE	Address:	10079 BENT TREE LN
City-St-Zip:	PALM HARBOR, FL 34685	City-St-Zip:	FISHERS, IN 46037

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: ALAN D. DARNELL   MGRM   04/29/2009

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