2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State

| DOCUMENT # L17559 1. Entity Name EAGLE'S NEST LOUNGE, INC. | | . × •• | Se | ecretary of S |
|---|---------------------------|--|--------------------------|----------------------------------|
| Principal Place of Business 1208 N PINELLAS AVE 1ARPON SPRINGS, FL 34689-6901 US Mailing Address 1449 WATERMILL CIR TARPON SPRINGS, FL 34689-7031 US | | 1 JEF (1831 FE 1811) P | | (AN ANTH SYN ANT SHAFT AND SYN A |
| DO NOT WRITE IN THIS SPACE | | 04262007 No Chg-P CR2E034 (11/05) 4. FEI Number | | |
| BOWSER, RALPH 1449 WATERMILL CIR TARPON SPRINGS, FL 34689 DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. SIGNATURE Signature, typed or purited name of registered agent and title 4 applicable. (NOTE: Registered agent and title 4 applicable.) | tered office or registere | | | I am familiar with, and accept |
| | | .00 May Be ed to Fees | | |
| 10. OFFICERS AND DIRECTORS TITLE PD NAME BOWSER, RALPH STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 00000075 05/22/07-80 | 3903 041-013 150.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the eindicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as rechanged, or on an attachment with an appress, with all other like empowered. | nature shali have the sa | ame lecal effect as | s il made under oath: th | hat I am an officer or director |

Ralph Bowser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 소