2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74459

Name:

Title:

Name: Address:

Address:

City-St-Zip:

City-St-Zip:

() Delete

Entity Name: EAGLE BLUEPRINT COMPANY

FILED Jun 14, 2008 Secretary of State

Current Pr	incipal Pla	ce of Business:	New Prince	New Principal Place of Business:			
4223 W. W. TAMPA, FL		JS					
Current Mailing Address:			New Maili	New Mailing Address:			
4223 W. W. TAMPA, FL	— –	JS					
FEI Number:	59-3018695	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status	s Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
STRAKA, E 4223 W. W. TAMPA, FL	ATERS	JS	4223 W. Ń	STRAKA, DONALD A 4223 W. WATERS TAMPA, FL 33614 US			
The above in the State		y submits this statement for the pu	rpose of changing i	ts registered	office or registered	agent, or both,	
SIGNATURE: NANCY GORALSKI				06/14/2008			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D STRAKA, DO 4643 BAYCR TAMPA, FL		Title: Name: Address: City-St-Zip:	PRES (. STRAKA, DON 4643 BAYCRI TAMPA, FL 3	EST DR.		
Title: Name: Address: City-St-Zip:		() Delete	Title: Name: Address: City-St-Zip:	SEC (GORALSKI, N 40880 DOUGI ANTIOCH,, IL	LAS		
Title:		() Delete	Title:	VP () Change (X) Addition		

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

STRAKA, STEVEN A,

MADISON, CT 06443

MCGINTEE, SÚSAN M.,

EAST HAMPTON, NY 11937

() Change (X) Addition

16 DEER RUN

53 SANDRA

TRES

SIGNATURE: NANCY GORALSKI SEC 06/14/2008