

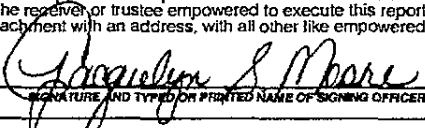


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006932</b>			
1. Entity Name <b>TRIPLE EAGLE COMMUNITY DEVELOPMENT CORPORATION, INC.</b>			
Principal Place of Business <b>415 THIRD AVE SOUTH BARTOW, FL 33830</b>		Mailing Address <b>415 THIRD AVE SOUTH BARTOW, FL 33830</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 05022005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number <b>59-3712292</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MOORE, ELDER LAWRENCE W 415 THIRD AVE SOUTH BARTOW, FL 33830</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000361633 05/05/05-80084-021 70.00	
TITLE	DP		
NAME	MOORE, JACQUELYN S		
STREET ADDRESS	415 THIRD AVE SOUTH		
CITY-ST-ZIP	BARTOW, FL 33830		
TITLE	DV		
NAME	DOUGLAS, JERRY		
STREET ADDRESS	1250 GAY STREET EAST		
CITY-ST-ZIP	BARTOW, FL 33830		
TITLE	DS		
NAME	JONES, SHAYANN		
STREET ADDRESS	410 THIRD AVE SOUTH		
CITY-ST-ZIP	BARTOW, FL 33830		
TITLE	DT		
NAME	ROGERS, KENNETH		
STREET ADDRESS	5155 TILLERY ROAD		
CITY-ST-ZIP	LAKELAND, FL 33813		
TITLE	D		
NAME	CORBETT, JORDAN J		
STREET ADDRESS	1655 MAGNOLIA STREET EAST		
CITY-ST-ZIP	BARTOW, FL 33830		
TITLE	D		
NAME	BRUNSON, LEE JR		
STREET ADDRESS	731 HANOVER COURT		
CITY-ST-ZIP	LAKELAND, FL 33813		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> 		<b>4/29/05</b>	<b>(863) 533-3058</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>