2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

Addition

☐ Change

	AMIOAL	1721 4171		_ Se	cretary of St	ate	
DOCUMENT # N0100005544 1. Entity Name EAGLE STRENGTH FOUNDATION, INC.				1	-22-2005 90315 013 ****6		
1334 COSTA MESA DRIVE 133			Mailing Address 1334 COSTA MESA DRIVE WESLEY CHAPEL, FL 33543		ი ჲ ი ცეტე		
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037 (10/03)		
City & State		City & State	City & State		4. FEI Number Applied For 59-3736651 Not Applicable		
Zip	Zip Country		Country		5. Certificate of Status Desired See Required		
	6. Name and Address of Current F	legistered Agent	1	7. Name and Addre	ess of New Registered Agent	 	
BRANDON 8. The above	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	nd title if applicable. (NC	1334 (City Wess		Drive FL Zip So	and accept	
10.	OFFICERS AND DIF	ECTORS	11.		S TO OFFICERS AND DIRECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BENJAMIN, ANGELI 1602 FLUORSHIRE DRIVE BRANDON, FL 33511	☐ Defete	TITLE TS NAME Be STREET ADDRESS / 3. CITY-ST-ZIP W	njamin, Angel	a Drive , Florida 33543	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLOGG, MARY 6600 ESTATE NAZARETH, #9-D US VIRGIN ISLANDS, 00802	Delete	TITLE NAME - STREET ADDRESS - CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, IRIS PO BOX 10442- ST THOMAS, VI 00801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TO	ernandez Ir 109 Stonehed Urham, North	Change lige Avanue Carolina 27707	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

STREET ADDRESS CITY-ST-ZIP

title Name

Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ANary J. Kellogg (Mary J. Kellogg) 4-18-05 340-775-673