2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005
Secretary of State

DOCUMENT# N02000005528

Entity Name: MYSTIC EAGLE CULTURAL ASSOCIATION INC.

Current Principal Place of Business:

1231 BAYSHORE RD.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 268
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 22-3857398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, JULIE M
1231 BAYSHORE RD.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: NORRIS, JULIE M
Address: 1231 BAYSHORE RD.
City-St-Zip: NOKOMIS, FL 34275

Title: VD ( ) Delete
Name: TACHANTRE, LARRY
Address: PO BOX 871
City-St-Zip: VENICE, FL 34285

Title: VPD ( ) Delete
Name: LEE, MYRON P
Address: P.O.BOX 268
City-St-Zip: NOKOMIS, FL 34275

Title: T ( ) Delete
Name: STUHMER, HELEN
Address: 491 LEACH ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: S ( ) Delete
Name: WEST, ANGELIC R
Address: 1231 BAYSHORE RD.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE M NORRIS CEO 02/19/2005

Electronic Signature of Signing Officer or Director — Date