## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005937

JORDAN, RANDALL K

8985 LONE STAR ROAD

JACKSONVILLE, FL 32211

Name:

Address:

City-St-Zip:

FILED May 09, 2007 Secretary of State

DOCOMENT# N02000003937		Secretary of	Secretary of State	
Entity Nan	ne: EAGLE ACADAMY INC.			
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	ESTAR ROAD VILLE, FL 32211			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	ESTAR ROAD VILLE, FL 32256			
	e with s. 607.193(2)(b), F.S., the corporation did	•	. ,	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent	:	
3771 HARE	D, WILLIAM E BOR CREEK CT. VILLE, FL 32224 US	DAVIS, GEORGE L 8985 LONE STAR ROAD JACKSONVILLE, FL 32211 US		
The above in the State		e purpose of changing its registered office or registered agen	t, or both,	
SIGNATURE: GEORGE L. DAVIS		05/09/2007		
	Electronic Signature of Registered A	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete DAVIS, GEORGE 8985 LONE STAR ROAD JACKSONVILLE, FL 32211	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VD () Delete DAVIS, APRIL 8985 LONE STAR ROAD JACKSONVILLE, FL 32211	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	TD () Delete ASHLEY, E. SHAWN 8985 LONE STAR ROAD JACKSONVILLE, FL 32211	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title:	SD ( ) Delete	Title: ( ) Change ( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RANDALL K. JORDAN SD 05/09/2007