AMENDED 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

N03000001638 DOCUMENT # N03000001638 FILFD 1. Entity Name THE NEW EAGLE EYE CLAN CORP 04 JUN 22 AM 10: 49 Principal Place of Business Mailing Address 22429 NW LKE MCKINZIE ALTHA FL 32421 22429 NW LKE MCKINZIE ALTHA FL 32421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State Applied For 4. FEI Number 04-3744902 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARGETSINGER, RONALD L Street Address (P.O. Box Number is Not Acceptable) 22429 NW LAKE MCKINZIE BLVD. ALTHA FL 32421 City Zip Code FL 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 (NOTE: Registored Agent signature required when reinstating) FILE NOW: FEE IS \$61:25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ☐ Defete me CAMP, PAULA NAME NAME 20827 NW PALM RD STREET ADDRESS STREET ADDRESS ALTHA FL 32421 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete TRUAX, CARA NAME 22295 LAKE MICKINZIE BLVD. STREET ADDRESS STREET ADDRESS Al THA EL 32421 CITY-ST-ZIP CITY-ST-ZIP Title Delete · · · TITLE ARGETSINGER, RONALD L NAME NAME 22429 NW LAKE MCKINZIE STREET ADDRESS. STREET ADDRESS ALTHA FL 32421 CITY-ST-ZIP CITY-ST-ZIP Addition Delete BILE TITLE Ross A Nowling Change TRUAX, WILLIAM L NAME NAME 4027 E, HWY 3 88 22295 NW LAKE MCKINZIE BLVD. STREET ADDRESS STREET ADDRESS F1 32466 ALTHA FL 32421 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition Change ARGETSINGER, HELEN R NAME NAME 22429 NW LAKE MCKINZIE STREET ADDRESS STREET ADDRESS ALTHA FL 32421 CITY-ST-7IP CITY-ST-ZIP . Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). 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.

06-16-2004 90011 048 ****70.00

Daytimo Phone #