

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003242

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: LIL EAGLE'S NEST, INC.

**Current Principal Place of Business:**

2070 NW 29TH AVE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 16293  
FORT LAUDERDALE, FL 33318

**New Mailing Address:**

FEI Number: 06-1680509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CLAIR, MISHEL  
2070 N.W. 29 TERR  
FORT LAUDERDALE, FL 33311 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: DP ( ) Delete  
Name: CLAIR, MISHEL  
Address: 1181 NW 30TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DV ( ) Delete  
Name: CLAIR, MARY  
Address: 1181 NW 30TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: KING, KAREN  
Address: 5443 GATE LAKE ROAD  
City-St-Zip: TAMARAC, FL 33311

Title: DT ( ) Delete  
Name: WRIGHT, WILLIE  
Address: 1640 NW 27TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DP ( ) Delete  
Name: CLAIR, MISHEL  
Address: 2070 NW 29TH TERR  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DV ( ) Delete  
Name: CLAIR, MARY  
Address: 2070 NW 29TH TERR  
City-St-Zip: FORT LAUDERDALE, FL 33311

**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:

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

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.

SIGNATURE: MARY CLAIR

DV

01/28/2009

Electronic Signature of Signing Officer or Director

Date