


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90389 049 \*\*\*\*61.25

<b>DOCUMENT # N96000005532</b>					
1. Entity Name C.A.U. EAGLES POINTE, INC.					
Principal Place of Business 3501 TOWNSEND BLVD JACKSONVILLE, FL 32277 US			Mailing Address 1090 VERMONT AVENUE, N.W. SUSITE 400 WASHINGTON, DC 20005 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	DPT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHRETEAB, GHEBRE S			NAME	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400			STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHRETEAB, GHEBRE S			NAME	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400			STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005			CITY-ST-ZIP	
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDORFER, JOSEPH P JR			NAME	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400			STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, JAMES S JR			NAME	
STREET ADDRESS	600 WHARFSIDE WAY			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANFORD, RICHARD J			NAME	
STREET ADDRESS	233 W DUVAL ST - 14TH FL			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	DVPT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLUB, RICHARD A			NAME	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400			STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>Joseph P. Wiedorfer</i>		JOSEPH P. WIEDORFER, VICE PRESIDENT		4/19/2006	202 789 5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #