2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002524

FILED Jan 29, 2009 Secretary of State

Entity Name: EYE OF THE EAGLE WILDLIFE SANCTUARY, INC.

Current Principal Place of Business: New Principal Place of Business:

EYE OF THE EAGLE WILDLIFE 15114 NW 32ND AVE NEWBERRY, FL 32669

Current Mailing Address: New Mailing Address:

EYE OF THE EAGLE WILDLIFE 15114 NW 32ND AVE NEWBERRY, FL 32669

FEI Number: 59-2569433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLER, DAWN N 15114 N.W. 32ND AVENUE NEWBERRY, FL 32669 US

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:

- Flateric Circular (Davidson | Annal

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 D
 () Delete
 Title:
 D
 (X) Change

 Name:
 OSWALD, ANNE LOU
 Name:
 BRACKNEY, DEBBIE

 Address:
 7546 OUTELAUNER RD.
 Address:
 15418 S.W. 59TH AVE

 City-St-Zip:
 NEW TRIPOLI, PA 18066
 City-St-Zip:
 ARCHER, FL 32618 US

Title: VP () Delete Title: VP (X) Change () Addition Name: JOHNSON, SHIRL Name: JOHNSON, SHIRL

 Address:
 529 NW 84TH ST.
 Address:
 7130 N.E. 150TH AVE..

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 WILLISTON, FL 32696 US

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 MILLER, DAWN

 Name:
 MILLER, DAWN

 Address:
 15114 NW 32 AVE
 Address:
 15114 NW 32 AVE

 City-St-Zip:
 NEWBERRY, FL 32669
 City-St-Zip:
 NEWBERRY, FL 32669 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 ALDRIDGE, FREDERICK
 Name:
 ALDRIDGE, FREDERICK

 Address:
 1522 NW 52ND TER.
 Address:
 1522 NW 52ND TER.

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605 US

Title: S () Delete Title: D (X) Change () Addition Name: ALDRIDGE, REBECCA Name: PARHAM, BOBBY

Name:ALDRIDGE, REBECCAName:PARHAM, BOBBYAddress:1522 NW 52ND TER.Address:5603 SE COUNTY ROAD 346

City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: MICANOPY, FL 32667 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ENGESSER, ROBERT
 Name:
 BOWEN, GAIL

 Address:
 15419 NW 30TH AVE.
 Address:
 2615 E HIGHWAY 318

 City-St-Zip:
 TRENTON, FL 32693
 City-St-Zip:
 CITRA, FL 32113 US

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: DAWN MILLER DVM PD 01/29/2009