

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162007 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000006836 1. Entity Name EAGLE CARE PRODUCTION, INC.					
Principal Place of Business 4607 NW 183RD STREET SUITE F12 MIAMI, FL 33055			Mailing Address POST OFFICE BOX 16097 MIAMI, FL 33101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0979810	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANNA, FRANCINE 1066 NE 215TH ST MIAMI, FL 33179			7. Name and Address of New Registered Agent Name <u>Francine Hanna</u> Street Address (P.O. Box Number is Not Acceptable) <u>1066 ne 215th st</u> City <u>miami</u> FL Zip Code <u>33179</u>		
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 <u>Francine Hanna</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8/14/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete WHITE, MAREETA 553 NORTHEAST 75TH STREET MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900109656729 09/19/07--01041--003 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input type="checkbox"/> Delete JOHNSON, MELINDA 115 NW 202ND TERR MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MCINTYRE, ERIC 12401 NE 16 AVE MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Darlene Reed 2330 n-w 101st miami Fla. 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>8/14/07</u> Daytime Phone # _____		