2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006836

Entity Name: EAGLE CARE PRODUCTION, INC.

FILED Jan 14, 2009 Secretary of State

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

4607 NW 183RD STREET SUITE F12 MIAMI, FL 33055

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 16097 MIAMI, FL 33101

FEI Number: 65-0979810 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:

HANNA, FRANCINE REED-MASON, DARLEAN 1066 NÉ 215TH ST 2330 NW 101 ST #B MIAMI, FL 33179 MIAMI, FL 33147

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: DARLEAN REED-MASON 01/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD (X) Change () Addition () Delete WHITE, MAREETA MCINTYRE, MAREETA S Name: Name:

553 NORTHEAST 75TH STREET Address: 553 NORTHEAST 75TH STREET Address:

City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI, FL 33138

Title: SVD () Delete Title: (X) Change () Addition JOHNSON, MELINDA Name: REED-MASON, DARLEAN Name: Address: 115 NW 202ND TERR Address: 2330 NW 101 ST

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33147

Title: () Delete Title: (X) Change () Addition MCINTYRE, ERIC MCINTYRE, ERIC Name: Name:

12401 NE 16 AVE Address: Address: 12401 NE 16 AVE City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL

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

Name: REED, DARLEAN Name: Address: 2330 NW 101 ST Address: City-St-Zip: MIAMI, FL 33147 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: MAREETA S MCINTYRE DP 01/14/2009