

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006836

FILED  
May 10, 2010  
Secretary of State

**Entity Name:** EAGLE CARE PRODUCTION, INC.

**Current Principal Place of Business:**

4607 NW 183RD STREET  
SUITE F12  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 16097  
MIAMI, FL 33101

**New Mailing Address:**

FEI Number: 65-0979810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

REED-MASON, DARLEAN  
2330 NW 101 ST #B  
MIAMI, FL 33147 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MCINTYRE, MAREETA S  
Address: 553 NORTHEAST 75TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: VP  
Name: REED-MASON, DARLEAN  
Address: 2330 NW 101 ST  
City-St-Zip: MIAMI, FL 33147

Title: D  
Name: MCINTYRE, ERIC  
Address: 12401 NE 16 AVE  
City-St-Zip: MIAMI, FL

I hereby 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 all other like empowered.

SIGNATURE: MAREETA MCINTYRE

DIRE

05/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date