


# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90039 026 \*\*\*150.00

<b>DOCUMENT # P00000115432</b> 1. Entity Name <b>E.A.H. HOLDING CO.</b>																					
Principal Place of Business <b>989 BOY ISLE DR FORT MYERS, FL 33919</b>		Mailing Address <b>989 BOY ISLE DR FORT MYERS, FL 33919</b>																			
2. Principal Place of Business <b>3914 W. Riverside Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3914 W. Riverside Dr.</b> Suite, Apt. #, etc.																			
City & State <b>Fort Myers, FL</b> Zip <b>FL</b> Country <b>US</b>		City & State <b>Fort Myers, FL</b> Zip <b>33901</b> Country <b>US</b>																			
4. FEI Number <b>65-1065003</b>		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>HERMAN, ELIZABETH 989 BOY ISLE DR FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3914 W. Riverside Dr.</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33901</b>																			
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><i>Elizabeth Idem</i></u> DATE <b>1/7/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>HERMAN, ELIZABETH</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>989 BOY ISLE DR FORT MYERS, FL 33919</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>HERMAN, ELIZABETH</b>		CITY-ST-ZIP	<b>989 BOY ISLE DR FORT MYERS, FL 33919</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3914 W. Riverside Dr.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Fort Myers, FL 33901</b></td> <td></td> </tr> </table>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	<b>3914 W. Riverside Dr.</b>		CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>	
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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 607, 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><i>Elizabeth Idem</i></u>		Date <b>1/7/06</b>																			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>																			