
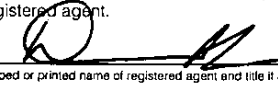
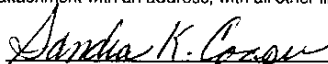


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90226 020 ***150.00

DOCUMENT # P00000116455 1. Entity Name THE EGG & I, INC.					
Principal Place of Business 2551 PLACIDA RD E ENGLEWOOD, FL 34224			Mailing Address 2551 PLACIDA RD ENGLEWOOD, FL 34224		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1072855	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUNDERSON, MIKO P 1861 PLACIDA RD., #204 ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name DAVID A. DUNKIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 170 WEST DEARBORN STREET City ENGLEWOOD FL 34223		
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  1-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, SANDRA K 5039 ACKLEY TERRACE PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, SANDRA K. 10068 AMELIA AVE. ENGLEWOOD, FL 34224
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPIER, DEBORAH 5039 ACKLEY TERRACE PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CLARK 88 BOWWOARY BLVD., #135 ROTONDA WEST, FL 33947
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CLARK 88 BOWWOARY BLVD., #135 ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CLARK 88 BOUNDARY BLVD., UNIT 135 ROTONDA WEST, FL 33947
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CLARK 88 BOWWOARY BLVD., #135 ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CLARK 88 BOUNDARY BLVD., UNIT 135 ROTONDA WEST, FL 33947
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CLARK 88 BOWWOARY BLVD., #135 ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CLARK 88 BOUNDARY BLVD., UNIT 135 ROTONDA WEST, FL 33947
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" 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 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: 			1-13-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

00001631



01132006 Chg-P CR2E034 (11/05)