2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 09, 2008 8:00 am Secretary of State DOCUMENT # P01000094472 1. Entity Name 05-09-2008 90012 040 ***150.00 EAGLE CONSTRUCTION AND MANAGEMENT INC. Principal Place of Business Mailing Address 5812 PINÈTREE DRIVE FORT PIERCE FL 34982 5812 PINETREE DRIVE FORT PIERCE FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-1139413 Not Applicable Z_{1D} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURRAY, GREGORY Street Address (P.O. Box Number is Not Acceptable) 5812 PINETREE DR. FORT PIERCE FL 34982 Zip Code 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 . Signature, typed or printed name of registered pagest and title. I applicable. (NOTE Registered Agent aignatum required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition MURRAY, GREGORY NAME STREET ADDRESS 5812 PINETREE DR. STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 CITY-ST-ZIP TITLE 🕽 Delete ☐ Change ☐ Addition NAME MURRAY, JANET 5812 PINETREE DR. STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 CITY - ST- ZIP TITLE Addition PRES ☐ Delete TETT F ☐ Change NAME RUVIDO, RICHARD J NAME STREET ADDRESS 4620 PGA BLVD., #304 STREET ADORESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILF ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplierrental 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4-22-08

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