

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044945

Entity Name: EAVENSON, INC.

FILED
Aug 25, 2006
Secretary of State

Current Principal Place of Business:

3716 LOCK RIDGE DR.
LAND O LAKES, FL 34639

New Principal Place of Business:

16342 SWANN VIEW CIRCLE
ODESSA, FL 33556

Current Mailing Address:

3716 LOCK RIDGE DR.
LAND O LAKES, FL 34639

New Mailing Address:

16342 SWANN VIEW CIRCLE
ODESSA, FL 33556

FEI Number: 33-1001919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAVENSON, PAIGE
16122 VANDERBILD DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

EAVENSON, PAIGE
16342 SWANN VIEW CIRCLE
ODESSA, FL 33556 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: PAIGE EAVENSON

08/25/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EAVENSON, CLAY
Address: 3716 LOCKRIDGE DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: EAVENSON, PAIGE
Address: 3716 LOCKRIDGE DR.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EAVENSON, CLAY
Address: 16342 SWANN VIEW CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: VP (X) Change () Addition
Name: EAVENSON, PAIGE
Address: 16342 SWANN VIEW CIRCLE
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY EAVENSON

PRES

08/25/2006

Electronic Signature of Signing Officer or Director

Date