2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT (3) **FILED DOCUMENT # P03000117333** Apr 30, 2007 08:00 AM Secretary of State EAGLE GLOBE & ANCHOR CONSTRUCTION, INC. Mailing Address Principal Place of Business 37 LAKE ARBOR DR 37 LAKE ARBOR DR PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 CR2E034 (11/05) No Chg-P 03102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0333105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RITAYIK, MARK 37 LAKE ARBOR DR PALM SPRINGS, FL 33461 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE RITAYIK, MARK NAME STREET ADDRESS 37 LAKE ARBOR DR CITY-ST-ZIP PALM SPRINGS, FL 33461 U00000742860 ns/15/07-80086-012 150.00 TITI F RITAYIK, TRACY NAME 37 LAKE ARBOR DR STREET ADDRESS CITY-ST-ZIP PALM SPRINGS, FL 33461 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BRATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

G. R.fay.k)

369-602-6826

Daytime Phone #