


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000076080
 1. Entity Name
EAGLE COIN GALLERIES, INC.



Principal Place of Business
P.O. BOX 100727
CAPE CORAL, FL 33910

Mailing Address
P.O. BOX 100727
CAPE CORAL, FL 33910

DO NOT WRITE IN THIS SPACE



07172006 No Chg-P CR2E034 (11/05)

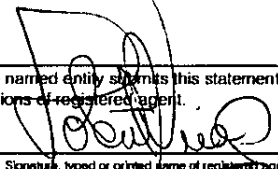
4. FEI Number 20-1110671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEGO, ROBERT
619 SW. W. 57TH STREET
CAPE CORAL, FL 33914

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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:  DATE: **7-17-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

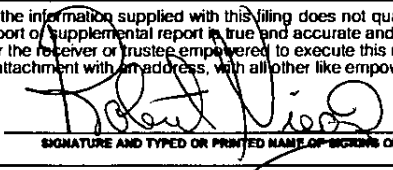
10. OFFICERS AND DIRECTORS

TITLE PD	NIEGO, ROBERT
NAME	
STREET ADDRESS	PO BOX 100727
CITY-ST-ZIP	CAPE CORAL, FL 33910
TITLE SD	NIEGO, DEBRA F
NAME	
STREET ADDRESS	619 SW. W. 57TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000571294
 07/20/06-80001-002 150.00

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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:  DATE: **7-17-06** DAYTIME PHONE #: **(239) 945-5492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR