2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095689

City-St-Zip:

ST. PETERSBURG, FL 33707

FILED Apr 28, 2007 Secretary of State

Entity Name: EAGLE LABS, INCORPORATED					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5000 PARK STREET NORTH SUITE 3 ST. PETERSBURG, FL 33709					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5000 PARK STREET NORTH SUITE 3 ST. PETERSBURG, FL 33709					
FEI Number:	: 55-0877197	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MCEWEN, DAVID B ESQ DAVID B. MCEWEN, P.A. 100 FIRST AVE SOUTH - STE 340 ST PETERSBURG, FL 33701 US			DAVID B. MCEWEN, I 560 1ST AVENUE NO	MCEWEN, DAVID B ESQ DAVID B. MCEWEN, P.A. 560 1ST AVENUE NORTH ST PETERSBURG, FL 33701 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: DAVID B. MCEWEN, P.A.				04/28/2007	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HAULSEE, MIC 2900 PELHAM		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WOLFINBARG 3093 REGAL () Delete EER, ANTHONY L DAKS BLVD R, FL 346841612	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (MOLLOY, MIC 7085 S. SHOR		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ANTHONY WOLFINBARGER 04/28/2007 D