2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119492

Entity Name: EAGLES HIGH DEVELOPMENT, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 1	O OAKS COU /ILLE, FL 322				
Current Mailing Address:			New Mailir	ng Address:	
SUITE 1	O OAKS COU /ILLE, FL 322				
FEI Number:	20-1547151	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:	
4315 PABLO JACKSON\	GAYLE HOLM O OAKS COU /ILLE, FL 322	ŔT 24 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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CONNERTY, HU 4315 PABLO O	Delete JGH H JR. AKS COURT, SUITE 1 E, FL 322249667 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	KUNKEL, JOHN 4315 PABLO O	Delete I P AKS COURT, SUITE 1 E, FL 322249667 US	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition KUNKEL, JOHN C 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition MOORE, JOHN P 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VT () Change (X) Addition FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition HICE, SHERRY 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667 US	

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: SHERRY HICE S 04/24/2006