


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90097 005 \*\*\*150.00

<b>DOCUMENT # P05000005060</b>	
1. Entity Name <b>EAGLE WEALTH MANAGEMENT, INC.</b>	

Principal Place of Business <del>4223 DUVAL DRIVE</del> <b>JACKSONVILLE BEACH FL 32250</b>	Mailing Address <del>4223 DUVAL DRIVE</del> <b>JACKSONVILLE BEACH FL 32250</b>
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2. Principal Place of Business <b>421 Third Street North</b>	3. Mailing Address <b>421 Third Street North</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>Jacksonville Beach, FL</b>	City & State <b>Jacksonville Beach, FL</b>
Zip <b>32250</b>	Country <b>USA</b>

4. FEI Number <b>20-2137916</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MAXWELL, DOUGLAS R</b> <del>4309 PABLO OAKS COURT</del> <del>SUITE FIVE</del> <b>JACKSONVILLE FL 32224</b>	
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7. Name and Address of New Registered Agent Name <b>MAXWELL, Douglas R</b> Street Address (P.O. Box Number is Not Acceptable) <b>10739 DEERWOOD PARK Boulevard</b> <b>Suite 200A</b> City <b>Jacksonville</b> FL Zip Code <b>32256</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Principal</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWNE, JOSEPH M</b>		NAME	
STREET ADDRESS <b>4223 DUVAL DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE BEACH FL 32250</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: *Joseph M. Browne* **Joseph M. Browne** 1/25/2006 (904) 241 5124