


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90011 030 ***150.00

DOCUMENT # P05000106637	
1. Entity Name EAGLEWING LOGISTICS, INC.	

Principal Place of Business 12200 34TH STREET N SUITE E CLEARWATER, FL 33762	Mailing Address 12200 34TH STREET N SUITE E CLEARWATER, FL 33762
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2. Principal Place of Business - No P.O. Box # 765 DUNBAR AVE	3. Mailing Address 765 DUNBAR AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State OLDSMAR, FL	City & State OLDSMAR, FL
Zip 34677	Country
Country	Zip 34677



02272007 Chg-P CR2E034 (12/06)

4. FEI Number 55-0902425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCARTHY, MICHAEL P 12200 34TH STREET N SUITE E CLEARWATER, FL 33762	7. Name and Address of New Registered Agent Name MICHAEL P MCCARTHY Street Address (P.O. Box Number is Not Acceptable) 765 DUNBAR AVE City OLDSMAR FL Zip Code 34677
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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 *M. McCarthy* DATE 2-27-07

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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, MICHAEL 12200 34TH STREET N SUITE E CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 765 DUNBAR AVE OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *M. McCarthy* DATE 2-27-07 DAYTIME PHONE # 813-855-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR