

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000160029		
1. Entity Name EAGLE & WHALE, INC.		
Principal Place of Business 7900 NW 27 AVENUE SUITE 169 MIAMI, FL 33147	Mailing Address 7900 NW 27 AVENUE SUITE 169 MIAMI, FL 33147	
DO NOT WRITE IN THIS SPACE		U00000773825 09/13/07-80001-004 150.00
		
		08292007 No Chg-P CR2E034 (11/05)
		4. FEI Number 04-3838242
		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		
ROBERTS, DOLLETT 7900 NW 27 AVENUE SUITE 169 MIAMI, FL 33147		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P KENNEDY, CHRISTOPHER 12331 NW 11 COURT PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KENNEDY, HURRINE 12331 NW 11 COURT PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERTS, DOLLETT 12331 NW 11 COURT PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		08/29/07 Date Daytime Phone #