2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038596

Entity Name: DOUBLE EAGLE DESIGN, INC

MULLINS, RONALD W

MULBERRY, FL 33860

4454 FAIRWAY OAKS DRIVE

Name:

Address:

City-St-Zip:

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4454 FAIRWAY OAKS DRIVE SUITE 600 MULBERRY, FL 33860 **Current Mailing Address: New Mailing Address:** PO BOX 6434 LAKELAND, FL 33807 FEI Number: 20-4211305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MULLINS, RONALD W 4454 FAIRWAY OAKS DR SUITE 600 MULBERRY, FL 33860 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete Title: PCFO (X) Change () Addition BREWER, RHONDA K Name: Name: BREWER, RHONDA K 13300 LAKESHORE DRIVE P O BOX 174 Address: Address: City-St-Zip: GRAND HAVEN, MI 49417 City-St-Zip: MONTAGUE, MI 49437 Title: ٧S Title: () Delete () Change () Addition Name: SAWYER, BEVERLY P Name: 688 CARIBBEAN DRIVE Address: Address: LAKELAND, FL 33803 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MULLINS, BRADLEY K Name: Name: 7076 ROCKDALE DR Address: Address: City-St-Zip: GREENVILLE, WI 54942 City-St-Zip: Title: VT () Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NICOLE KLIMSTRA EXEC 02/06/2009