

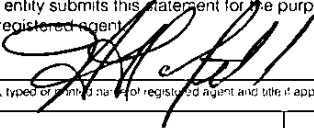
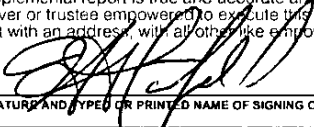


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90053 042 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P06000082783 | | | |  | |
| 1. Entity Name EAGLEHAWK ENTERPRISES, INC. | | | | | |
| Principal Place of Business 5132 KARLSBURG PLACE PALM HARBOR, FL 34685 | | | Mailing Address 5132 KARLSBURG PLACE PALM HARBOR, FL 34685 | | |
| 2. Principal Place of Business - No P.O. Box # 7210 ULMINGTON ROAD Suite, Apt. #, etc. H | | 3. Mailing Address 7210 ULMINGTON ROAD Suite, Apt. #, etc. H | | 40023633  | |
| City & State LARGO FLORIDA | | City & State LARGO FLORIDA | | 4. FEI Number 20-5196048 | |
| Zip 33771 Country USA | | Zip 33771 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARTENFELD, HARVEY 5132 KARLSBURG PLACE PALM HARBOR, FL 34685 | | | | 7. Name and Address of New Registered Agent Name: HARVEY MARTENFELD Street Address (P.O. Box Number is Not Acceptable): 7210 ULMINGTON ROAD Suite H City: LARGO FL Zip Code: 33771 | |
| 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) | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST MARTENFELD, HARVEY 5132 KARLSBURG PLACE PALM HARBOR, FL 34685 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | | FEB. 9/07 727-230-9072 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |