

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154576

FILED
Apr 30, 2008
Secretary of State

Entity Name: EAGLE INTERNATIONAL HOLDING CORP

Current Principal Place of Business:

1580 NW 2ND AVENUE
SUITE # 9
BOCA RATON, FL 33432 US

New Principal Place of Business:

1700 SOUTH DIXIE HWY
SUITE # 303
BOCA RATON, FL 33432 US

Current Mailing Address:

1580 NW 2ND AVENUE
SUITE # 9
BOCA RATON, FL 33432 US

New Mailing Address:

1700 SOUTH DIXIE HWY
SUITE # 303
BOCA RATON, FL 33432 US

FEI Number: 20-8078389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFA, JOSEPH C
ONE FINANCIAL PLAZA
SUITE 2202
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: DRUMMOND, MICHAEL L
Address: 285 SOUTH EAST 10TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEGRI, RAMI
Address: 1580 NW 2 AVE # 9
City-St-Zip: BOCA RATON, FL 33432 US

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.

SIGNATURE: RAMI NEGRI

PRES

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date