

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048639

FILED
Apr 30, 2008
Secretary of State

Entity Name: THREE EAGLE SERVICES, INC.

Current Principal Place of Business:

1390 DOYLE RD
DELTONA, FL 32738 US

New Principal Place of Business:

1390 DOYLE RD
DELTONA, FL 32725 US

Current Mailing Address:

PO BOX 391543
DELTONA, FL 32739 US

New Mailing Address:

FEI Number: 20-8891932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, IVAN
1390 DOYLE RD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

LOPEZ, IVAN
1390 DOYLE RD
DELTONA, FL 32725 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, IVAN
Address: 1390 DOYLE RD
City-St-Zip: DELTONA, FL 32738 US

Title: VP () Delete
Name: LOPEZ, PAULA
Address: 1390 DOYLE RD
City-St-Zip: DELTONA, FL 32738 US

Title: S () Delete
Name: SUAREZ, ELIZABETH
Address: 2981 COTTAGEVILLE ST
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, IVAN
Address: 1390 DOYLE RD
City-St-Zip: DELTONA, FL 32725 US

Title: VP (X) Change () Addition
Name: LOPEZ, PAULA
Address: 1390 DOYLE RD
City-St-Zip: DELTONA, FL 32725 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IVAN LOPEZ

OFFI

04/30/2008

Electronic Signature of Signing Officer or Director

Date