

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067165

Entity Name: U.S. EAGLE SECURITY CORP.

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

174 ORMOND PARKWAY  
ORMOND BEACH, FL 32176 US

## New Principal Place of Business:

## Current Mailing Address:

174 ORMOND PARKWAY  
ORMOND BEACH, FL 32176 US

## New Mailing Address:

FEI Number: 26-0325101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYES, JORGE  
234 DEL PRADO BLVD N.  
6A  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

MARTINEZ, CALISTRO  
174 ORMOND PARKWAY  
ORMOND BEACH, FL 32176 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: CALISTRO MARTINEZ

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTINEZ, CALISTRO  
Address: 174 ORMOND PKWY  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: S ( ) Delete  
Name: MARTINEZ, CALISTRO  
Address: 174 ORMOND PKWY  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: T ( ) Delete  
Name: MARTINEZ, CALISTRO  
Address: 174 ORMOND PKWY  
City-St-Zip: ORMOND BEACH, FL 32176 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CALISTRO MARTINEZ

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date