

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009004

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BALD EAGLE MANAGEMENT, INC

## Current Principal Place of Business:

5301 NORTH FEDERAL HIGHWAY  
SUITE 380  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

## Current Mailing Address:

5301 NORTH FEDERAL HIGHWAY  
SUITE 380  
BOCA RATON, FL 33487 US

## New Mailing Address:

5131 POINTE EMERALD LANE  
BOCA RATON, FL 33486 PB

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHREIBER, CRAIG  
5301 NORTH FEDERAL HWY  
SUITE 380  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

SCHREIBER, CRAIG VP  
5131 POINTE EMERALD LANE  
BOCA RATON, FL 33486 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: CRAIG SCHREIBER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHREIBER, CRAIG  
Address: 5301 NORTH FEDERAL HWY SUITE 380  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SCHREIBER, CRAIG  
Address: 5131 POINTE EMERALD LANE  
City-St-Zip: BOCA RATON, FL 33486 US

Title: P ( ) Change (X) Addition  
Name: WILLIAMS, TARA  
Address: 5131 POINTE EMERALD LANE  
City-St-Zip: BOCA RATON, FL 33486 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: TARA WILLIAMS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date