

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084002

FILED
May 01, 2009
Secretary of State

Entity Name: EAGLE SHIPPING CENTER, INC.

Current Principal Place of Business:

1 MAIN STREET, SUITE 200
TEQUESTA, FL 33469 US

New Principal Place of Business:

3677 23RD AVENUE SOUTH
SUITE B-107
LAKE WORTH, FL 33461 US

Current Mailing Address:

1 MAIN STREET, SUITE 200
TEQUESTA, FL 33469 US

New Mailing Address:

3677 23RD AVENUE SOUTH
SUITE B-107
LAKE WORTH, FL 33461 US

FEI Number: 26-3356605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANSEN, PIETER
1 MAIN STREET, SUITE 200
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

ALLNATT, MORRIS I
3677 23RD AVENUE SOUTH
SUITE B-107
LAKE WORTH, FL 33461 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: MORRIS I ALLNATT

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLNATT, MORRIS I
Address: 1 MAIN STREET, SUITE 200
City-St-Zip: TEQUESTA, FL 33469 US

Title: VD () Delete
Name: MORRIS, CLIFFORD
Address: 1 MAIN STREET, SUITE 200
City-St-Zip: TEQUESTA, FL 33469 US

Title: S () Delete
Name: JANSEN, PIETER
Address: 1 MAIN STREET, SUITE 200
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLNATT, MORRIS I
Address: 3677 23RD AVENUE SOUTH STE B-107
City-St-Zip: LAKE WORTH, FL 33461 US

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: MORRIS I ALLNATT

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date