


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90015 039 ***150.00

DOCUMENT # P29677
 1. Entity Name
EAGLE GROWTH SHARES, INC.



Principal Place of Business Mailing Address
1200 N. FEDERAL HWY., STE. 424 **1200 N. FEDERAL HWY., STE. 424**
BOCA RATON, FL 33432 **BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
13-2654171 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAXTER, DONALD H	
STREET ADDRESS	1200 N. FEDERAL HIGHWAY #424	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VST	<input type="checkbox"/> Delete
NAME	ROHE, RONALD F	
STREET ADDRESS	1200 N. FEDERAL HWY., STE. 424	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCARTHUR, KENNETH W	
STREET ADDRESS	93 RIVERWOOD PARKWAY	
CITY-ST-ZIP	ETOBICOKE, ONTARIO M8Y 4E4,	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLAHERTY, THOMAS J	
STREET ADDRESS	400 OCEAN BLVD., #175	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, ROBERT L	
STREET ADDRESS	25 GRIFFIN AVE., P.O. BOX 496	
CITY-ST-ZIP	BEDFORD HILLS, NY 10507	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSON, DONALD P	
STREET ADDRESS	39503 GLENN GLADE	
CITY-ST-ZIP	CHAPEL HILL, NC 27517	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edelman, Keith	
STREET ADDRESS	1200 North Federal Highway #424	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarro, Diane	
STREET ADDRESS	1200 North Federal Highway #424	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meyer, Robert L	
STREET ADDRESS	317 Madison Avenue #1004	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald F. Rohe Ronald F. Rohe 01-10-07 561-395-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #