2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# P93000030325

Entity Name: EVA ENTERPRISES, INC.

Current Principal Place of Business:

1037 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1037 KANE CONCOURSE
BAY HARBOR, FL 33154 US

New Mailing Address:

6388 WHISPERING WIND WAY
DELRAY BEACH, FL 33484 US

FEI Number: 65-0405368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LINDA M ESQ
11900 BISCAYNE BLVD
SUITE 503
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

SHALAND & ASSOCIATES, INC.
6388 WHISPERING WIND WAY
DELRAY BEACH, FL 33484 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: SHALAND & ASSOCIATES, INC. 04/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TAUB, EVA
Address: 1037 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: VP (X) Delete
Name: SHALAND, STANLEY
Address: 1037 KANE CONCOURSE
City-St-Zip: BAY HARBOR, FL 33154

Title: D (X) Delete
Name: TAUB, ANABELLE
Address: 1037 KANE CONCOURSE
City-St-Zip: BAY HARBOR, FL 33154

Title: T (X) Delete
Name: SHALAND, STANLEY
Address: 1037 KANE CONCOURSE
City-St-Zip: BAY HARBOR, FL 3354

Title: PR (X) Delete
Name: TAUB, EVA
Address: 1037 KANE CONCOURSE
City-St-Zip: BAY HARBOR, FL 33154

Title: S (X) Delete
Name: TAUB, ANABELLE
Address: 1037 KANE CONCOURSE
City-St-Zip: BAY HARBOR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECY (X) Change ( ) Addition
Name: SHALAND, STANLEY R
Address: 6388 WHISPERING WIND WAY
City-St-Zip: DELRAY BEACH, FL 33484

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

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

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 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: STANLEY R. SHALAND SECY 04/22/2007
Electronic Signature of Signing Officer or Director Date