


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000052463</b> 1. Entity Name <b>THE EIGENPOINT COMPANY</b>	
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Principal Place of Business <b>25929 W US 27</b> <b>HIGH SPRINGS, FL 32643 US</b>	Mailing Address <b>P.O. BOX 1708</b> <b>HIGH SPRINGS, FL 32655 US</b>
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## DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3258927</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**GRIFFIS, MICHAEL**  
**20491 NW 257TH TERRACE**  
**HIGH SPRINGS, FL 32643**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>04/04/07-80021-025 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GRIFFIS, MICHAEL
STREET ADDRESS	20491 NW 257TH TERRACE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	VPS
NAME	GRIFFIS, KAREN
STREET ADDRESS	20491 NW 257TH TERRACE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Vaughan Griffiths* *Karen Griffiths* *3/26/07* *35664544045*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #