

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000077160

Entity Name: EAGLE EYE ENTERPRISES INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1124 AVENUE C
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

8100 NASAU DRIVE
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 65-0638595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANRESA, CARLOS
8100 NASAU DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANRESA, CARLOS
Address: 8100 NASHUA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: MANRESA, JAMISON
Address: 4160 COTTONWOOD AVENUE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: RUSSELL, DINA
Address: 10179 DOGWOOD AVENUE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: MANRESA, FRANCES
Address: 8100 NASHUA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DINA RUSSELL

MRS

03/24/2009

Electronic Signature of Signing Officer or Director

Date