


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000082532</b> 1. Entity Name AMERICAN EAGLE FIREWORKS INC.	
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Principal Place of Business 1111 OCEAN SHORE BLVD. UNIT 2 ORMOND BEACH, FL 32176 US	Mailing Address P.O. BOX 2023 WINDERMERE, FL 34786-2023 US
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**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0632685	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, YVONNE M  
1111 OCEAN SHORE BLVD.  
UNIT 2  
ORMOND BEACH, FL 32176

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALLEN, YVONNE 1111 OCEAN SHORE BLVD., UNIT 2 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALLEN, MARK 1484 CHATSWORTH TRACE LAWRENCEVILLE, GA 30044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/21/08-80002-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Yvonne M. Allen* 2-05-08 407 491-1776  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #