

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000050431

FILED
Oct 13, 2006
Secretary of State

Entity Name: TRIPLE EAGLE EXPERIENCES, INC.

Current Principal Place of Business:

510 S GRANDVIEW ST
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

PO BOX 1608
MT. DORA, FL 32756

New Mailing Address:

FEI Number: 65-0680553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHMAN, MARK
39445 GOLDEN GEM DR
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

DORMINEY, WAYNE
5922 DANUBE WAY
ORLANDO, FL 32807 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: WAYNE DORMINEY

10/13/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VP/S () Delete
Name: MURPHY, J. KEVIN
Address: 510 S GRANDVIEW ST
City-St-Zip: MT DORA, FL 32757

Title: VP () Delete
Name: DORMINEY, WAYNE
Address: 5922 DANUBE WAY
City-St-Zip: ORLANDO, FL 32807

Title: T () Delete
Name: LEE, CRAIG
Address: 550 FATIO ROAD
City-St-Zip: DELAND, FL 32720

Title: P (X) Delete
Name: ROTHMAN, MARK
Address: 39445 GOLDEN GEM DRIVE
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURPHY, J. KEVIN
Address: 510 S GRANDVIEW ST
City-St-Zip: MT DORA, FL 32757

Title: VP,S (X) Change () Addition
Name: DORMINEY, WAYNE
Address: 5922 DANUBE WAY
City-St-Zip: ORLANDO, FL 32807

Title: T (X) Change () Addition
Name: LEE, CRAIG
Address: 426 N CLARA AVE
City-St-Zip: DELAND, FL 32720

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: WAYNE DORMINEY

VP

10/13/2006

Electronic Signature of Signing Officer or Director

Date