2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063511

Name:

Address:

City-St-Zip:

WALKER, ROBERT A

NO 4 LOT 4 HALF MOON BEACH

OLONGAPO CITY ZAM, PHILIPPINE, OC

Entity Name: FAGLE INTERNATIONAL NORTH FLORIDA INC

FILED Apr 28, 2007 Secretary of State

_market	LAGE		LOTTIDA, IIV	J.		
Current Principal Place of Business:				New Principal Place of Business:		
656 N BEAL PARKWAY STE J FT WALTON BCH, FL 32547				669 NAVY STREET FT WALTON BCH, FL 32547		
Current Mailing Address:				New Mailing Address:		
656 N BEAL PARKWAY STE J FT WALTON BCH, FL 32547				669 NAVY STREET FT WALTON BCH, FL 32547		
FEI Number:	: 59-3465939	FEI Number Applied For()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SCRUGGS, WILLIAM K JR 656 N BEAL PARKWAY STE J FT WALTON BCH, FL 32547 US				SCRUGGS, WILLIAM K JR 669 NAVY STREET FT WALTON BCH, FL 32547 US		
	named enti e of Florida.	ty submits this statement for th	ie purpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/28/2007		
	mpaign Finan	ronic Signature of Registered /	Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D SCHOR, FR 410 BARATA FT WALTON			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	669 NAVY S	() Delete WILLIAM K JR T I BCH, FL 32547		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	() Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM K SCRUGGS JR D 04/28/2007