09141999-90002-025-$158.75-$158.75

...OUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 14, 1999 8:00 am
Secretary of State
09-14-1999 90002 025 ***158.75

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000069584**

Corporation Name
GOLD EAGLE ENERGY RESOURCES, INC.

619416 - 90011 - 10

Principal Place of Business
~~IRA CURRY~~
~~RIVERSIDE DR~~
GREENACRES FL 33463

Mailing Address
C/O ~~IRA CURRY~~
1001 ~~RIVERSIDE~~ DR
GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

Principal Place of Business	8647 HALL BLVD.
2a. Mailing Address	8647 HALL BLVD.
Suite, Apt. #, etc.	
City & State	LOXAHATCHEE, FL
City & State (28)	LOXAHATCHEE, FL.
Zip / Country	33470 / PALM BEACH
Zip / Country (29/30)	33470 / PALM BEACH

3. Date Incorporated or Qualified: 08/11/1997
4. FEI Number: 59-3461065 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~CURRY, IRA~~
~~1001 RIVERSIDE DR~~
~~GREENACRES FL 33463~~

10. Name and Address of New Registered Agent
81 Name: T. BARRETT
82 Street Address (P.O. Box Number is Not Acceptable): 8647 HALL BLVD.
83
84 City: LOXAHATCHEE FL 85 Zip Code: 33470

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 9/1/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PSTD CURRY, IRA 1001 RIVERSIDE DR GREENACRES FL 33463	☐ DELETE	1.1 TITLE PSD; 1.2 NAME THOMAS BARRETT; 1.3 STREET ADDRESS 8647 HALL BLVD.; 1.4 CITY-ST-ZIP LOXAHATCHEE, FL. 33470	☐ Change ☒ Addition
	☐ DELETE	2.1 TITLE CTD; 2.2 NAME IRA CURRY; 2.3 STREET ADDRESS 4449 ASTER DRIVE; 2.4 CITY-ST-ZIP LAKE WORTH, FL. 33461	☒ Change ☐ Addition
	☐ DELETE	3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE REQU... 9/1/99 561-683-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)