2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2006
Secretary of State

DOCUMENT# P99000096568

Entity Name: EAGLE INTERLOCKING BRICK PAVING, INC.

Current Principal Place of Business:

417 MANOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

4400 118TH AVE #100
CLEARWATER, FL 33762

Current Mailing Address:

417 MANOR BLVD
PALM BEACH, FL 34683

New Mailing Address:

4400 118TH AVE #100
CLEARWATER, FL 33762

FEI Number: 59-3501917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUGS, JAIR
417 MANOR BLVD
PALM BEACH, FL 34683 US

Name and Address of New Registered Agent:

BUGS, JAIR
4400 118TH AVE #100
CLEARWATER, FL 33762 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: JAIR BUGS 10/02/2006
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: PTD ( ) Delete
Name: BUGS, JAIR
Address: 417 MANOR BLVD
City-St-Zip: PALM BEACH, FL 34683

Title: VSD ( ) Delete
Name: DE OLIVEIRA BUGS, KATIA
Address: 417 MANOR BLVD
City-St-Zip: PALM BEACH, FL 34683

Title: D ( ) Delete
Name: FILHO, ALFREDO MARIA C
Address: 417 MANOR BLVD
City-St-Zip: PALM BEACH, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BUGS, JAIR
Address: 4400 118TH AVE #100
City-St-Zip: CLEARWATER, FL 33762

Title: VSD (X) Change ( ) Addition
Name: DE OLIVEIRA BUGS, KATIA
Address: 4400 118TH AVE #100
City-St-Zip: CLEARWATER, FL 33762

Title: D (X) Change ( ) Addition
Name: FILHO, ALFREDO MARIA C
Address: 4400 118TH AVE #100
City-St-Zip: CLEARWATER, FL 33762

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: JAIR BUGS PTD 10/02/2006
Electronic Signature of Signing Officer or Director Date