

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S64887

Entity Name: EAGLE BUILDERS, INC.

FILED
Jul 22, 2005
Secretary of State

Current Principal Place of Business:

490 NORTH STREET
SUITE 124
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 521026
LONGWOOD, FL 327521026

New Mailing Address:

FEI Number: 65-0271480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHETTE, GEORGE
1719 RUTLEDGE ROAD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROY, VIVIAN,
Address: 1719 RUTLEDGE RD
City-St-Zip: LONGWOOD, FL

Title: VP () Delete
Name: BLANCHETTE, GEORGE
Address: 1719 RUTLEDGE RD
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: ROY, CHANTAL
Address: 1719 RUTLEDGE RD.
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIVIAN ROY

DP

07/22/2005

Electronic Signature of Signing Officer or Director

Date