## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# U00009

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T FILED
Apr 28, 2006
Secretary of State

Entity Name: EGGS AMERICA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4948 KOOTENAI #201 BOISE, ID 83705 **Current Mailing Address: New Mailing Address:** 4948 KOOTENAI #201 PO BOX 5509 BOISE, ID 83705 BOISE, ID 83705 FEI Number: 59-2513309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALLACE, JOHN P. 700 BEACH DRIVE N.E. PHL ST PETERSBURG, FL 33701 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DC (X) Change ( ) Addition () Delete WEAVER, TIMOTHY WEAVER, TIMOTHY Name: Name: 895 EAST MAIN Address: 895 EAST MAIN Address: City-St-Zip: VERSALLES, OH City-St-Zip: VERSALLES, OH 45380 Title: Title: D () Delete (X) Change ( ) Addition Name: FORTIN, JOE Name: FORTIN, JOE Address: 400 MACK RD Address: 400 MACK RD City-St-Zip: LEBANON, CT City-St-Zip: LEBANON, CT 06249 Title: () Delete Title: () Change () Addition CAMPBELL, MARK Name: Name: 1811 MOUNTAIN AVENUE Address: Address: City-St-Zip: NORCO, CA 92860 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BOOKEY, GERALD Name: 1930 MERRILL CREEK PARKWAY Address: Address: City-St-Zip: EVERETT, WA 98203 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BAKER, DOLPH BAKER, DOLPH Name: Name: 3320 W WOODROW WILSON 3320 W WOODROW WILSON Address: Address: City-St-Zip: JACKSON, MS City-St-Zip: JACKSON, MS 39207 Title: () Delete Title: () Change () Addition JACKSON, LINDA Name: Name: Address: 4948 KOOTENAI STREET SUITE 201 Address: BOISE, ID 83705 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JACKSON P 04/28/2006