

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004562

FILED
Apr 28, 2005
Secretary of State

Entity Name: EAGLE CREST ENTERPRISES, INC.

Current Principal Place of Business:

3183 N.E. APPALOOSA ST.
ARCADI, FL 34266

New Principal Place of Business:

3183 N.E. APPALOOSA ST.
ARCADIA, FL 34266

Current Mailing Address:

P.O. BOX 3890
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 41-1717180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRINKUT, MARION
3183 N.E. APPALOOSA ST.
ARCADI, FL 34266 US

Name and Address of New Registered Agent:

DRINKUT, MARION
3183 N.E. APPALOOSA ST.
ARCADIA, FL 34266 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: _____

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: DRINKUT, MARION
Address: P.O. BOX 3890
City-St-Zip: SEMINOLE, FL 33775

Title: DS () Delete
Name: DRINKUT, PAULA
Address: 1541 BRICKELL AVE., #2106
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: DRINKUT, JEAN
Address: 134 GORDON DR.
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PAULA DRINKUT

DS

04/28/2005

Electronic Signature of Signing Officer or Director

Date