

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92526

Entity Name: EAGLE SQUADRON, INC.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

C/O THOMAS L WILSON
P O BOX 310107
TAMPA, FL 336807107

Current Mailing Address:

C/O THOMAS L WILSON
P O BOX 310107
TAMPA, FL 336807107

FEI Number: 59-2856506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, THOMAS L
5650 BRECKENRIDGE DRIVE
SUITE 110
TAMPA, FL 33610 US

New Principal Place of Business:

C/O THOMAS L WILSON
5650 BRECKENRIDGE PARK DRIVE #110
TAMPA, FL 33610

New Mailing Address:

C/O THOMAS L WILSON
P O BOX 310107
TAMPA, FL 336800107

Name and Address of New Registered Agent:

WILSON, THOMAS L
5650 BRECKENRIDGE PARK DRIVE
SUITE 110
TAMPA, FL 33610 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

01/31/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WILSON, THOMAS L.,
Address: 5650 BRECKENRIDGE DR 110
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: RUNGE, DAN
Address: 5116 SYLVAN OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WILSON, THOMAS L.,
Address: 5650 BRECKENRIDGE PARK DR 110
City-St-Zip: TAMPA, FL 33610

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 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: THOMAS L. WILSON

SD

01/31/2006

Electronic Signature of Signing Officer or Director

Date