



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P03000006370	
1. Entity Name EAG OF AMERICAS, INC.	

Principal Place of Business 12341 49TH STREET N CLEARWATER, FL 33762	Mailing Address 12341 49TH STREET N CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE

	
04202007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 02-0666608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITT, JERRY A CEO
12341 49TH STREET N
CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000730163
05/08/07-80068-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRITT, JERRY 12341 49TH STREET N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PINKE, KEITH 12341 49TH STREET N CLEARWATER, FL 33762
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Pinke **Keith Pinke** X 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #