

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000171732**

1. Entity Name  
**EADS ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**5172 KEYSVILLE AVE  
 SPRING HILL, FL 34608**      **5172 KEYSVILLE AVE  
 SPRING HILL, FL 34608**

**DO NOT WRITE IN THIS SPACE**



03072008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**83-0415321**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EADS, MATTHEW S  
 5172 KEYSVILLE AVE  
 SPRING HILL, FL 34608**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

DATE: 05/03/06  
 100000524226  
 05/03/06-80103-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EADS, MATTHEW S
STREET ADDRESS	5172 KEYSVILLE AVE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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: **X Matthew Scott Eads**      Date: **4-10-06**      Daytime Phone #: **(852) 684-7844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #