


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 May 02, 2008 08:00 AM
 Secretary of State

DOCUMENT # P04000171732 1. Entity Name EADS ENTERPRISES, INC.	
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Principal Place of Business 5172 KEYSVILLE AVE SPRING HILL, FL 34608	Mailing Address 5172 KEYSVILLE AVE SPRING HILL, FL 34608
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0415321	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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EADS, MATTHEW S 5172 KEYSVILLE AVE SPRING HILL, FL 34608
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 05/29/08-80128-012 150.00

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: *Matthew Scott Eads* Date: *4-29-08* Daytime Phone #: *813 433 6533*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR