

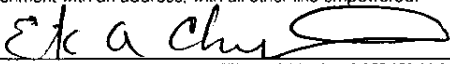


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90049 043 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P06000007756 1. Entity Name EAC SPECIALIZED SERVICES, INC. | |  | |
| Principal Place of Business 513 SOUTH 8TH STREET DUNDEE, FL 33838 | | Mailing Address 513 SOUTH 8TH STREET DUNDEE, FL 33838 | |
| 2. Principal Place of Business - No P.O. Box # 2918 Sequoyah Circle | | 3. Mailing Address 2918 Sequoyah Circle | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Haines City Florida | | City & State Haines City Florida | |
| Zip 33844 | | Zip 33844 | |
| Country Polk | | Country Polk | |
| 4. FEI Number 20-4062060 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CLAYTON, ERICK A 513 SOUTH 8TH STREET DUNDEE, FL FL 33-838 | | 7. Name and Address of New Registered Agent Name CLAYTON, ERICK A. Street Address (P.O. Box Number is Not Acceptable) 2918 Sequoyah Circle City Haines City FL Zip Code 33844 | |
| 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  DATE 4/2/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CLAYTON, ERICK A 513 SOUTH 8TH STREET DUNDEE, FL 33838 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CLAYTON, ERICK A 2918 Sequoyah Circle Haines City FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BASTINE, LINDA R PO BOX 1118 DUNDEE, FL 33838 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Date 4/2/07 Daytime Phone # 863-557-7829 | |