


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 574893	
1. Entity Name BIRD DEPOT, INC.	

Principal Place of Business 2301 S.W. 31 AVE. HALLANDALE, FL 33009	Mailing Address 2301 S.W. 31 AVE. HALLANDALE, FL 33009
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04162607 No Chg-P CR2E034 (1/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1838874	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 SMITH, DAVID 20341 NE 7TH PLACE N. MIAMI, FL 33179	DO NOT WRITE IN THIS SPACE
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7. 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 _____
Signature, typed or printed name of representative agent and FEI #, if applicable. (NOT if Registered Agent's name is recorded when registering)

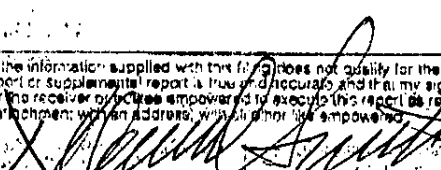
8. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000722457 05/02/07-80032-011 150.00
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10. OFFICERS AND DIRECTORS	
NAME SMITH, DAVID	ADDRESS 20341 NE 7TH PL N. MIAMI, FL
NAME SMITH, CORINNE	ADDRESS 20341 NE 7TH PL N. MIAMI, FL
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

DECEASED

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report 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 or without my empowerment.

SIGNATURE: 

POSITION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR