


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J38406**  
 1. Entity Name  
**THUNDERBIRD EXPRESS, INC.**



Principal Place of Business  
**7033 STAPOINT CT.  
 SUITE G  
 WINTER PARK, FL 32792**

Mailing Address  
**P.O. BOX 4113  
 WINTER PARK, FL 32793**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2730555**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LADAN, ZELDA M.  
 4653 TIFFANY WOODS CIRCLE  
 OVIEDO, FL 32765**

**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) DATE

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LADAN, AMIR H. 4653 TIFFANY WOODS CIR OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LADAN, ZELDA M 4653 TIFFANY WOOD CR OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LADAN, AZADEH 4653 TIFFANY WOODS CIRCLE OVIEDO, FL 32765
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00000510960  
 04/29/06-80029-011 150.00

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/06** Date **407-679-7636** Daytime Phone #