


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N10297 1. Entity Name ANN YOUNG WILDBIRD REFUGE, INC.	
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Principal Place of Business 157 E. NEW ENGLAND AVE. SUITE 375 WINTER PARK FL 32789	Mailing Address 157 E. NEW ENGLAND AVE. SUITE 375 WINTER PARK FL 32789
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3048213	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 HOBBY, WILLIAM M III 1327 N MILLS AVE - ORLANDO FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 \$61.25 — Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">YOUNG, ANN</td> </tr> <tr> <td colspan="2">205 ROBIN ROAD</td> </tr> <tr> <td colspan="2">ALTAMONTE SPGS. FL</td> </tr> </table>	D	<input type="checkbox"/> Delete	YOUNG, ANN		205 ROBIN ROAD		ALTAMONTE SPGS. FL	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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100000718187

05/01/07-80011-017 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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 Ann Young* *X 4-17-07*