


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 FEB 13 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000116680 1. Entity Name BIRDIE PAR CORP.		
Principal Place of Business 4540 OAK TREE CT DELRAY BEACH, FL 33445		Mailing Address C/O HOLLAND & KNIGHT LLP 10 ST. JAMES AVE. ATTN: ALLAN LANDAU, ESQ BOSTON, MA 02116
2. Principal Place of Business - No P.O. Box # 23 Central Avenue Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State Lynn, MA 01901	City & State	
Zip 01901	Country USA	Zip Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1090264	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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	800089285018 02/27/07--01004--023 **150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOUCHBERG, GERALD 4540 OAK TREE CT DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOUCHBERG, LITA 4540 OAK TREE CT DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Jeffrey Gouchberg 23 Central Avenue Lynn, MA 01901	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

WILLIAMS FEB 13 2007

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: Jeffrey Gouchberg Date: 1/25/2007 781 599 4343 Daytime Phone #