
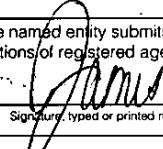
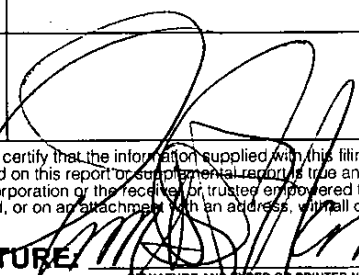


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90027 032 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # G37809</b><br>1. Entity Name<br>BIRD DISTRIBUTORS OF FLORIDA, INC.  |   |   |  |  |  |
| Principal Place of Business<br>413 62ND AVENUE NO<br>ST. PETERSBURG, FL 33702   |   |   | Mailing Address<br>413 62ND AVENUE NO<br>ST. PETERSBURG, FL 33702  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  | 02212007    Chg-P    CR2E034 (12/06)  |  |
| 4. FEI Number<br>59-2287831   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>NANNEN, JAMES A<br>413 62ND AVENUE NORTH<br>SAINT PETERSBURG, FL 33702   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)    DATE:  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>NANNEN, JAMES A.<br>413 62ND AVENUE NORTH<br>SAINT PETERSBURG, FL 33702  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>NANNEN, DONNA D.<br>413 62ND AVENUE NORTH<br>SAINT PETERSBURG, FL 33702 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 information. |   |   |  |   |  |
| SIGNATURE:  3/9/07    522-6044<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #  |   |   |  |   |  |