

DOCUMENT # 240433

1. Entity Name

BYRD UNDERSEA TECHNOLOGY CORP



FILED
Feb 26, 2007 08:00 AM
Secretary of State



Principal Place of Business
3345 NW SO RIVER DRIVE
MIAMI FL 33142
US

Mailing Address
4795 SW 78ST
MIAMI FL 33143
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-0937152

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, ALAN W
4795 S W 78 ST
MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME BYRD, ALAN W Delete
STREET ADDRESS 7900 SW 50 COURT
CITY- ST- ZIP MIAMI FL

TITLE Change Add
NAME 000000646644
STREET ADDRESS 113/06/07-80040-017 150.00
CITY- ST- ZIP

TITLE D
NAME BYRD, DAVID T Delete
STREET ADDRESS 7645 SW 47 PLACE
CITY- ST- ZIP MIAMI FL

TITLE Change Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Add
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TITLE Delete
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CITY- ST- ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY- ST- ZIP

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 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: *Alan Byrd* ALAN Byrd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #