2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 240433 1. Entity Name BYRD UNDERSEA TECHNOLOGY CORP



FILED Feb 13, 2008 08:00 A 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



DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

4. FEI Number 59-0937152

Not Applicable

\$8.75 Additional

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33143			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, 2008 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRD,ALAN W 7900 SW 50 COURT MIAMI, FL		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, DAVID T 7645 SW 47 PLACE MIAMI, FL				000000825760 02/21/08-80022-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1		

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:

NAME STREET ADDRESS CITY-ST-ZIP

BIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08 305) 323-7563

Daytime Phone #