


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2007 90040 017 \*\*\*\*61.25

<b>DOCUMENT # 754552</b> 1. Entity Name <b>THUNDERBIRD SERVICES, INC.</b>	
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Principal Place of Business <b>200 DERWENT BLVD., S.W. FT. MYERS, FL 33908</b>	Mailing Address <b>200 DERWENT BLVD., S.W. FT. MYERS, FL 33908</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**60026460**



02132007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2033594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MCCULLEY, DONALD F 98 ELISE DR FORT MYERS, FL 33908</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>MCCULLEY, DONALD F</b> STREET ADDRESS <b>99 ELISE DR</b> CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>	TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>AT</b> <input checked="" type="checkbox"/> Delete NAME <b>BARROWS, CLAUDIA</b> STREET ADDRESS <b>378 VERNA AVE</b> CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>	TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Sue Eaton</b> STREET ADDRESS <b>341 Mattie Avenue</b> CITY-ST-ZIP <b>Fort Myers, FL 33908</b>
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>MCHENRY, JUDY</b> STREET ADDRESS <b>38 RONALD DRIVE</b> CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Ed Carstens</b> STREET ADDRESS <b>299 Dillard Avenue</b> CITY-ST-ZIP <b>Fort Myers, FL 33908</b>
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete NAME <b>FATTEN, DONNA</b> STREET ADDRESS <b>260 DAISY AVE</b> CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Terry Vander Loon</b> STREET ADDRESS <b>158 Adrienne Drive</b> CITY-ST-ZIP <b>Fort Myers FL 33908</b>
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>MCCULLEY, DONALD</b> STREET ADDRESS <b>98 ELISE DR</b> CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Karen Walters</b> STREET ADDRESS <b>212 Derwent Blvd</b> CITY-ST-ZIP <b>Fort Myers FL 33908</b>
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SCHIPPANI, ROSE M</b> STREET ADDRESS <b>209 DERWENT BLVD</b> CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>	TITLE 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 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 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:**  **03-08-07** **2394668916**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #