

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002875

Entity Name: BIRDIE WHEELER, INC.

FILED
Mar 04, 2007
Secretary of State

Current Principal Place of Business:

5050 AMBASSADOR WAY, STE. 319
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

5050 AMBASSADOR WAY, STE. 319
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 76-0662142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, W. VINCENT
11111 BISCAYNE BLVD.,
SUITE #751
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPT () Delete
Name: WHEELER, BIRDIE
Address: 5050 AMBASSADOR WAY, STE. 319
City-St-Zip: HOUSTON, TX 77056

Title: DVPS () Delete
Name: FULLER, VINCENT
Address: 11111 BISCAYNE BLVD. #751
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIRDIE WHEELER

DCPT

03/04/2007

Electronic Signature of Signing Officer or Director

Date