2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62599

FILED Feb 18, 2009 Secretary of State

Entity Name: SUNBIRD MANAGEMENT CO., INC.

arrent P	rincipal Place	OI DUSINESS:	New Principal Place	OI DUSINESS:
	MAS DRIVE CITY BCH, FL	32408 US		
ırrent M	lailing Addres	s:	New Mailing Addres	s:
BOX 2 NAMA	7279 CITY, FL 3241	US		
Number	: 59-2933377	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
me and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
CCOY, E				
e above	CITY, FL 32408 named entity s		purpose of changing its registere	ed office or registered agent, or both,
e above the State	CITY, FL 32408 named entity s e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
e above the State	CITY, FL 32408 e named entity s e of Florida. RE:	ubmits this statement for the p		
e above he State	CITY, FL 32408 named entity se of Florida. RE: Electron			ed office or registered agent, or both, Date
e above the State GNATU	CITY, FL 32408 named entity se of Florida. RE: Electron	ubmits this statement for the place of Signature of Registered Ag	ent	ed office or registered agent, or both, Date ES TO OFFICERS AND DIRECTOR
e above the State GNATUI	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT P () MCCOY, ELKE 726 THOMAS D PANAMA CITY E	ubmits this statement for the process of the statement for the process of the statement for the	ent	Date
e above he State GNATUI ction Car FICER e: ne: ress: r-St-Zip:	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT P () MCCOY, ELKE 726 THOMAS D PANAMA CITY E	ubmits this statement for the process of the proces	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: STEVE COUNTS VP 02/18/2009