
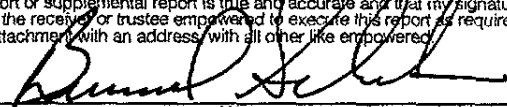


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000000779 1. Entity Name MIAMI BIRDMEN, INC.		
Principal Place of Business 9350 SW 124 STREET MIAMI, FL 33176	Mailing Address 9350 SW 124 STREET MIAMI, FL 33176	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHUMACHER, BERNARD 9350 SW 124 STREET MIAMI, FL 33176		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUMACHER, BERNARD 9350 SW 124 STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONROY, THOMAS R P.O. BOX 294 LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHLAFLY, FRED E. 13250 SW 97TH TERRACE MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JAN 9, 2006 305-970-0546 <small>Date Daytime Phone #</small>



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 01-0605589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**