

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 04, 2008  
Secretary of State**

DOCUMENT# N06000009473

Entity Name: BIRD BRAIN BILLYS EXOTIC BIRD SANCTUARY, INC.

**Current Principal Place of Business:**

2473 SW BAYSHORE BLVD  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

2473 SW BAYSHORE BLVD  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 20-5200424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, TERESA  
2473 SW BAYSHORE BLVD  
PORT SAINT LUCIE, FL 34984      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SMITH, TERESA  
Address: 2473 SW BAYSHORE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VPD      ( ) Delete  
Name: SMITH, WILLIAM  
Address: 2473 SW BAYSHORE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D      ( ) Delete  
Name: DAVIDSON, JAMES W DIRECTO  
Address: 2430 SE FEDERAL  
City-St-Zip: STUART, FL 34994 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA SMITH

PD

07/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date