## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16748

FILED Jun 23, 2006 Secretary of State

Entity Name: EXOTIC BIRD CLUB OF FLORIDA, INC.

	Principal Place of Business:	New Principal Place of Business:
1275 CUL PALM BA	VER RD Y, FL 32905 US	
Current N	lailing Address:	New Mailing Address:
P.O.BOX MELBOUI	1177 RNE, FL 32902	
n accordar	r: 59-2873753 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation of d Address of Current Registered Agen	did not receive the prior notice.
vanie and	a Address of Current Registered Agen	t. Name and Address of New Registered Agent.
195 BREA	ARBARA M NKWATER STREET SE Y, FL 32909 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Nddress: Dity-St-Zip:	P () Delete BONIFACE, JOSEPH 878 SPANISH WELLS DRIVE	Title: ( ) Change ( ) Addition Name: Address:
	MELBOURNE, FL 32940	City-St-Zip:
lame: \ddress:	V () Delete KING, GLORIA 290-89 PARADISE BLVD INDIALANTIC, FL 32903	
lame: ddress: city-St-Zip: itle: lame: ddress:	V ( ) Delete KING, GLORIA 290-89 PARADISE BLVD	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
lame: Address: Dity-St-Zip: Title: Idame: Address: Dity-St-Zip: Title: Idame: Address: Address:	V () Delete KING, GLORIA 290-89 PARADISE BLVD INDIALANTIC, FL 32903 S () Delete WEIR, YVONNE 570 E.MERRIMAC DRIVE	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: J	V ( ) Delete KING, GLORIA 290-89 PARADISE BLVD INDIALANTIC, FL 32903  S ( ) Delete WEIR, YVONNE 570 E.MERRIMAC DRIVE MERRITT ISLAND, FL 32952  T ( ) Delete WARD, BARBARA M 495 BREAKWATER ST.SE	City-St-Zip:  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 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: BARBARA M. WARD T 06/23/2006