2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004610

Entity Name: BIRD WORLD, INC.

Name:

Address:

City-St-Zip:

HAUFLER, RAY E

5430 SE 193 TERR

HAWTHORNE, FL 32640

FILED Feb 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5430 S E 193RD TERR HAWTHORNE, FL 32640 **Current Mailing Address: New Mailing Address:** 5430 S E 193RD TERR HAWTHORNE, FL 32640 FEI Number: 59-3206748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAUFLER, RAY E 5430 S E 193RD TERR US HAWTHORNE, FL 32640 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARTH, ANTONY Name: Name: Address: 111 NW 91ST ST Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LESTER, SCOTT Name: Address: HWY 20 Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: Title: () Delete Title: () Change () Addition HAUFLER, CHERYL Name: Name: Address: RT 3 BOX 24 Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHERYL HAUFLER D 02/10/2004