


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

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # N93000004610 1. Entity Name BIRD WORLD, INC.		
Principal Place of Business 5430 S E 193RD TERR HAWTHORNE, FL 32640	Mailing Address 5430 S E 193RD TERR HAWTHORNE, FL 32640	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAUFLER, RAY E 5430 S E 193RD TERR HAWTHORNE, FL 32640		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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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	D HAUFLER, EUGENE C 4611 NW 53RD AVE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, SCOTT HWY 20 HAWTHORNE, FL 32640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUFLER, CHERYL RT 3 BOX 24 HAWTHORNE, FL 32640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUFLER, RAY E 5430 SE 193 TERR HAWTHORNE, FL 32640	
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: <u><i>Ray E. Haufler</i></u> DIRECTOR <u>1-6-2006</u> <u>352-481-0009</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3206748	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/06-80007-020 70.00

**DO NOT WRITE
IN THIS SPACE**