2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000004512

FILED Apr 10, 2006 Secretary of State

Entity Name: EXOTIC BIRD FANCIERS GUILD OF NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business:

9824 IMMOKALEE RD. NAPLES, FL 34120 US

Current Mailing Address: New Mailing Address:

15275 COLLIER BLVD. #201 PMB 122 NAPLES, FL 341196750

FEI Number: 59-3400302 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:

BANAS, NORMA 9824 IMMOKALEE RD. NAPLES, FL 34120 US

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: NORMA BANAS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: NOWOSIELSKI, NANCY Name: RINEHART, PAMELA

 Name:
 NowoSiteSit, NAME

 Address:
 460 NINTH STREET,, NW

 City-St-Zip:
 NAPLES, FL 34120

 City-St-Zip:
 NAPLES, FL 34116

Title: VP () Delete Title: VP (X) Change () Addition Name: NOWOSIELSKI, STEVE Name: DAVIS, BARBARA

 Name:
 NOWOSIELSKI, STEVE
 Name:
 DAVIS, BARBARA

 Address:
 460 NINTH STREET, NW
 Address:
 278 RIVERWOOD RD

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34114

Title: SEC () Delete Title: SEC (X) Change () Addition Name: ROBINSON, CARRIE Name: BANAS, NORMA

Address: 1541 MANDARIN ROAD Address: 9824 IMMOKALEE RD City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34120

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 HUNT, JOHN
 Name:
 KRANSDORF, MARSHA

 Address:
 400 COCOHATCHEE DRIVE
 Address:
 49824 IMMOKALEE RD

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34120

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: NORMA BANAS SECY 04/10/2006