

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006954

FILED
Feb 05, 2009
Secretary of State

Entity Name: WORLD OF BIRDS SHOW, INC.

Current Principal Place of Business:

9014 THOMPSON NURSERY ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

9014 THOMPSON NURSERY ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 41-1806527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, STEVE A
9014 THOMPSON NURSERY ROAD
WINTER HAVEN, FL 33884 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: P () Delete
Name: MARTIN, STEVE A
Address: 9014 THOMPSON NURSERY ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: LEE, GARY
Address: 121 NORTH BROAD ST., 7TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19108

Title: D () Delete
Name: MACPHEE, MARTY
Address: 2007 WILLOW LAUREN LANE
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: BIDDLE, RICHARD T
Address: 416 WESTMONT AVE.
City-St-Zip: HADDONFIELD, NJ 08033

Title: SD () Delete
Name: DENNLER, WILLIAM
Address: 2700 BROADWAY
City-St-Zip: TOLEDO, OH 43609

Title: D () Delete
Name: HANSEN, BERNARD
Address: PO BOX 10672
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

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:

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: STEVE MARTIN

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date