2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035547

Entity Name: A FREE BIRD BAIL BONDS, INC.

FILED Jul 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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339 E. BAY STREET JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

339 E. BAY STREET JACKSONVILLE, FL 32202

FEI Number: 25-3197031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEELEY, TROY J
339 E. BAY STREET
NEELEY, TOMMY J
339 E. BAY STREET

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 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: TOMMY J NEELEY 07/17/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 NEELEY, TROY J
 Name:
 NEELEY, TOMMY J

 Address:
 339 E. BAY STREET
 Address:
 339 E. BAY STREET

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: V () Delete Title: V (X) Change () Addition Name: NEELEY, NANCY J Name: RAYMER, BOBBY

 Name:
 Name:
 RAYMER, BOBBY

 Address:
 339 E. BAY STREET
 Address:
 339 E. BAY STREET

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: TRES () Delete Title: () Change () Addition

 Name:
 LESAGE, VANCE
 Name:

 Address:
 339 E. BAY ST.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

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

 Name:
 NEELEY, CHERYL H
 Name:
 JOHNSON, CLARA

 Address:
 339 E. BAY ST.
 Address:
 339 E. BAY ST.

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:
 JACKSONVILLE, FL 32202

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

 Name:
 NEELEY, TOMMY J
 Name:

 Address:
 339 E.BAY ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 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 607, Florida Statutes; and that my name appears

SIGNATURE: TOMMY NEELEY P 07/17/2006

above, or on an attachment with an address, with all other like empowered.