


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-11-2007 90036 017 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000050408 1. Entity Name SNOWBIRD TRIM, INC.	
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Principal Place of Business 1507 39TH STREET WEST PALM BEACH, FL 33407	Mailing Address 1507 39TH STREET WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1019664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FOLEY, DAVID J
 1507 39TH STREET
 WEST PALM BEACH, FL 33407

**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  DATE _____

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

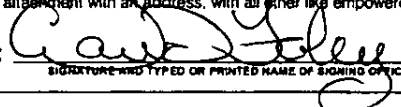
**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOLEY, DAVID J 1507 39TH STREET WEST PALM BEACH, FL 33407
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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 607, 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:  DAVID FOLEY 6/4/07 5618428609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR