

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007095

Entity Name: SNOWBIRD RESOURCES, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

4916 VOORHEES ROAD #27
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

9230 CRABTREE LANE
PORT RICHEY, FL 34668

Current Mailing Address:

4916 VOORHEES ROAD #27
NEW PORT RICHEY, FL 34653

New Mailing Address:

9230 CRABTREE LANE
PORT RICHEY, FL 34668

FEI Number: 65-1169505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, ROBERT
4916 VOORHEES ROAD #27
NEW PORT RICHEY, FL 34653

Name and Address of New Registered Agent:

SIMONS, ROBERT
9230 CRABTREE LANE
PORT RICHEY, FL 34668

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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SIMONS, SUSAN
Address: 4916 VOORHEES ROAD #27
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VTD () Delete
Name: SIMONS, ROBERT
Address: 4916 VOORHEES ROAD #27
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SIMONS, SUSAN
Address: 9230 CRABTREE LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: VTD (X) Change () Addition
Name: SIMONS, ROBERT
Address: 9230 CRABTREE LANE
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SIMONS

VTD

04/23/2004

Electronic Signature of Signing Officer or Director

Date