2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Jan 24, 2005 08:00 AM Secretary of State **DOCUMENT # P03000057916** 1. Entity Name BIRD REALTY GROUP TREASURE COAST, INC. Principal Place of Business Mailing Address 847 20TH PLACE 847 20TH PLACE VERO BEACH, FL 32960 VERO BEACH, FL 32960 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3897461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BLAKE, GLENN M ESQ. DO NOT WRITE 423 DELAWARE AVENUE FORT PIERCE, FL 34950 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. Signature, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PCEO** TITLE TORRES, TERRY T Un00n0190132 STREET ADDRESS 1555 CLUB DRIVE 01/24/05-80122-021 150.00 CITY-ST-ZIP VERO BEACH, FL 32963 TITLE CHAMBERLIN, JEFFREY D NAME 461 SW PINETREE LANE STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY -ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS

STORMATOR PAIN TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Date Dayline Prior 6 if

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 it made under oath; that I am an officer or direction 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 changed, or on an attachment with all address, with all other like empowered.