2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057916

1. Entity Name

BIRD REALTY GROUP TREASURE COAST, INC.



FILED Jan 27, 2006 08:00 AM Secretary of State

Principal Place of Business

847 20TH PLACE VERO BEACH, FL 32960 Mailing Address

847 20TH PLACE VERO BEACH, FL 32960



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3897461 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKE, GLENN M ESQ. 423 DELAWARE AVENUE FORT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or n	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Sipnature, typed or crysted name of redistered egent and title it					
	Signature, typest or printed name of registered agent and the t	rapplicable (NOTE Hagistered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	cing 🖂	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
title Name Street address City-St-Zip	PCEO TORRES, TERRY T 1555 CLUB DRIVE VERO BEACH, FL 32963			U0000040598S		
Title Name Street address City-St-Zip	STD CHAMBERLIN, JEFFREY D 461 SW PINETREE LANE PALM CITY, FL 34990	-			02/07/06-80060-020 150.00	
title Name Street address City-St-Zip				DO NOT WRITE		
istle name street address city-st-zip			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. Theraby 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 appowered 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 air other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #