## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **Secretary of State** DOCUMENT # P03000092945 03-20-2008 90034 029 \*\*\*150.00 1. Entity Name SUNBIRD ENTERPRISES, INC. Principal Place of Business Mailing Address 6287 BAHIA DEL MAR CIR BLDG P UNIT 908 6287 BAHIA DEL MAR CIR BLDG P UNIT 908 5000**0596**~ ST PETERSBURG, FL 33715 ST PETERSBURG, FL 33715 2. Principal Place of Business - No P.O, Box # 3. Mailing Address 13111 22nd Court East 22nd Court East 13111 Suite, Apt. #, etc. Suite, Apt. #, etc 02202008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 41-2108091 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLE, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 6287 BAHIA DEL MAR CIR BLDG P UNIT 908 ST PETERSBURG, FL 33715 Parrish 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. J. Cole-President FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS TITLE Delete TITLE Change COLE Richard J 13111 22nd Court East COLE, RICHARD J NAME NAME STREET ADDRESS 6287 BAHIA DEL MAR CIR BLDG P UNIT 908 STREET ADDRESS CITY-ST-ZIP FL ST PETERSBURG, FL 33715 Parrish CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PARKE, GEORGE L NAME STREET ADDRESS 13401-9 SUMMERLIN RD #155 STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33919 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

FILED Mar 20, 2008 8:00 am