2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2006 08:00 AN **DOCUMENT # P03000101159 Secretary of State** 1. Entity Name LAIRD 33 INC. Principal Place of Business Mailing Address 1374 ABBOTT LANE 1374 ABBOTT LANE SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 02142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 86-1081717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAIRD, SCOTT DO NOT WRITE 1374 ABBOTT LANE SEBASATIAN, FL 32958 IN THIS SPACE Surpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the the obligations of 2-1306 くそうり SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE ture, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LAIRD, SCOTT MAME STREET ADDRESS 1374 ABBOTT LANE U00000442834 CITY-ST-ZIP SEBASTIAN, FL 32958 03/04/06-80035-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information applied 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 frustee 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 appears, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06

(772)633-2467

FILED

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