## 2006 FOR PROFIT-CORPORATION

## Jan 23, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P03000116618 t. Entity Name THUNDERBIRD RANCH ENTERPRISES, INC. \_\_ Mailing Address Principal Place of Susiness 2705 FAULKNER ROAD 2705 FAULKNER ROAD ORLANDO, FL 32810 ORLANDO, FL 32810 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0313086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, MARK T 2705 FAULKNER ROAD DO NOT WRITE ORLANDO, FL 32810 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 16. 3331.6 YOUNG, MARK T MANA STREET ADDRESS 2705 FAULKNER ROAD ORLANDO, FL 32810 CITY-ST-ZIP U00000396358 01/30/06-80006-020 **150.00** RILLE NAME STREET ADDRESS City-St-ZiP 1315 NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE MAME STREET ADDRESS CITY - SY-ZIP 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 call; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DILE NAME STREET ADDRESS C177-ST-21P

OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

FILED