

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000127727

FILED
Oct 13, 2005
Secretary of State**Entity Name:** BLUEBIRD FUNDING GROUP, INC.**Current Principal Place of Business:**1275 W GRANADA BLVD
SUITE 4-A
ORMOND BEACH, FL 32174**New Principal Place of Business:****Current Mailing Address:**1275 W GRANADA BLVD
SUITE 4-A
ORMOND BEACH, FL 32174**New Mailing Address:****FEI Number:** 20-1596357**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STRASNICK, ARTHUR P
1275 W GRANADA BLVD.
SUITE 4-A
ORMOND BEACH, FL 32174 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PT () Delete
Name: STRASNICK, ARTHUR P
Address: 1275 W GRANADA BLVD. SUITE 4-A
City-St-Zip: ORMOND BEACH, FL 32174**Title:** VPS (X) Delete
Name: STRASNICK, JANE
Address: 1275 W GRANADA BLVD SUITE 4-A
City-St-Zip: ORMOND BEACH, FL 32174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PTSD (X) Change () Addition
Name: STRASNICK, ARTHUR P
Address: 1275 W GRANADA BLVD. SUITE 4-A
City-St-Zip: ORMOND BEACH, FL 32174**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR STRASNICK

PTSD

10/13/2005

Electronic Signature of Signing Officer or Director_____
Date