


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90065 032 \*\*\*158.75

<b>DOCUMENT # P04000137941</b>		
1. Entity Name <b>BIRO TECHNOLOGY INC</b>		
Principal Place of Business 3209 58TH ST SO APT 225 GULFPORT FL 33707		Mailing Address 3209 58TH ST SO APT 225 GULFPORT FL 33707

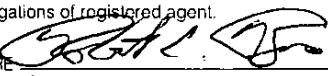


2. Principal Place of Business - No P.O. Box # <b>5313 Newton Aves</b>		3. Mailing Address <b>5313 Newton Aves</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Gulfport, FL</b>		City & State <b>Gulfport, FL</b>	
Zip <b>33707</b>	Country <b>US</b>	Zip <b>33707</b>	Country <b>US</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>20-1734234</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BIRO, ROBERT C 3209 58TH ST SO APT 225 GULFPORT FL 33707</b>		
7. Name and Address of New Registered Agent Name <b>BIRO, Robert C</b> Street Address (P.O. Box Number is Not Acceptable) <b>5313 Newton Aves</b> City <b>Gulfport</b> FL Zip Code <b>33707</b>		

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  **Robert C. Biro** DATE **MAR. 9, 2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRO, ROBERT C 3209 58TH ST SO APT 225 GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5313 Newton Aves. Gulfport, FLA 33707</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRO, SUSAN 3209 58TH ST SO APT 225 GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5313 Newton Aves Gulfport, FLA 33707</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRO, ERIC M 2007 52ND STREET SOUTH GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert C. Biro** 3/9/07 727-460-4368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #