

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160533

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: YELLOWBIRD TROPICAL TOURS, INC.

## Current Principal Place of Business:

831 KOKOMO KEY LN  
DELRAY BCH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

831 KOKOMO KEY LN  
DELRAY BCH, FL 33483

## New Mailing Address:

FEI Number: 03-0551166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

PHILLIPS, EVERETT A VP  
120 N. OCEAN BLVD.  
S-6  
DELRAY BEACH, FL 33483 US

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: EVERETT A. PHILLIPS

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: PHILLIPS, EVERETT A III  
Address: 5590 N RAINBOW LN  
City-St-Zip: WATERFORDH, MI 48329

Title: DPT ( ) Delete  
Name: CASEY, MARK  
Address: 831 KOKOMO KEY LN  
City-St-Zip: DELRAY BCH, FL 33483

Title: S ( ) Delete  
Name: CASEY, PATRICIA D  
Address: 831 KOKOMO KEY LN  
City-St-Zip: DELRAY BCH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EVERETT A. PHILLIPS

VP

02/08/2005

Electronic Signature of Signing Officer or Director

Date