2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 20, 2006
Secretary of State

DOCUMENT# P05000032812

Entity Name: BLUEBIRD HOME BUILDERS, INC.

Current Principal Place of Business:

532 EMBRACER STREET NW
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

532 EMBRACER STREET NW
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 20-2460742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLEY FINANCIAL SERVICES, INC.
209 US 27 SOUTH
LAKE PLACID, FL, FL 33852 US

Name and Address of New Registered Agent:

KEIBER, MICHAEL L ATTY
2141 NE LAKEVIEW DRIVE
SEBRING, FL 33870 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: MICHAEL L KEIBER 09/20/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMPSON, RICHARD
Address: 532 EMBRACER STREET NW
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VPD ( ) Delete
Name: ASFAR, ALEX
Address: 532 EMBRACER STREET NW
City-St-Zip: LAKE PLACID, FL 33852 US

Title: SD ( ) Delete
Name: ASFAR, HARB
Address: 532 EMBRACER STREET NW
City-St-Zip: LAKE PLACID, FL 33852 US

Title: TD ( ) Delete
Name: ASFAR, NORMA
Address: 532 EMBRACER STREET NW
City-St-Zip: LAKE PLACID, FL 33852 US

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:

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 Chapter 119, 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: ALEX ASFAR VP 09/20/2006
Electronic Signature of Signing Officer or Director Date