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Aug 18, 2008 8:00 am
Secretary of State

07-16-2008 90009 013 ***150.00
08-18-2008 90002 006 ***400.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158156

1. Entity Name
THOMAS C BIRKHEAD JR. INC

Principal Place of Business	Mailing Address
4750 ELENA WAY MELBOURNE, FL 32934	4750 ELENA WAY MELBOURNE, FL 32934

06032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4750 Elena Way	4750 Elena Way
Suite, Apt. #, etc. /	Suite, Apt. #, etc. /
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32934 Country: U S	Zip: 32934 Country: U S

4. FEI Number: 56-2544493 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIRKHEAD, THOMAS C 1010 ABADA CT NE 105 PALM BAY, FL 32905	Name: Thomas C. Birkhead Street Address (P.O. Box Number is Not Acceptable): 4750 Elena Way City: Melbourne FL Zip Code: 32934

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] 7/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BIRKHEAD, THOMAS C		NAME		
STREET ADDRESS	~~1010 ABADA CT NE 105~~ 4750 Elena Way		STREET ADDRESS		
CITY-ST-ZIP	~~PALM BAY, FL 32905~~ Melbourne FL 32934		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: [signature] 7/1/08 (321) 223-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #