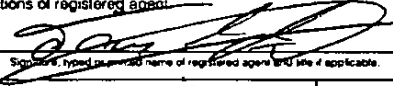


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

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

DOCUMENT # P05000158156			
1. Entity Name THOMAS C BIRKHEAD JR. INC			
Principal Place of Business 4750 ELENA WAY MELBOURNE, FL 32934		Mailing Address 4750 ELENA WAY MELBOURNE, FL 32934	
2. Principal Place of Business - No P.O. Box # 4750 Elena Way		3. Mailing Address 4750 Elena Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne FL		City & State Melbourne FL	
Zip 32934	Country US	Zip 32934	Country US
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 BIRKHEAD-THOMAS C 1010 ABADA CT NE 105 PALM BAY, FL 32905		7. Name and Address of New Registered Agent 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 		DATE 7/1/08	
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 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BIRKHEAD, THOMAS C 4750 Elena Way Melbourne FL 32934	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date 7/1/08 Daytime Phone (321) 223-0433	