2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012602

Entity Name: LADYBIRD, INC.

FILED Mar 26, 2009 Secretary of State

Current Mailing Address: Current Mailing Address: New Mailing Address: OBJUAKE FOREST BLVD SANFORD, FL 32771 US SANFORD, FL 32771 US FEI Number 20-4204883 FEI Number Applied For () FEI Number Not Applicable () Certificate Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Reg HANSLA, CARL 700 LAKE FOREST BLVD SANFORD, FL 32771 US The above named entity submits this statement for the purpose of changing its registered office or rein the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Title: () Change () Change () Chyst-Zip: Title: () Change () Chyst-Zip: SanFord, FL 32771 City-St-Zip: SanFord, FL 32771 City-St-Zi						
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SANFORD, FL 32771 US SANFORD, FL 32771 US FEI Number: 20-4204883 FEI Number Applied For () FEI Number Not Applicable () Certifica Name and Address of Current Registered Agent: HANSLA, CARL 700 LAKE FOREST BLVD SANFORD, FL 32771 US The above named entity submits this statement for the purpose of changing its registered office or rein the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFF Title: PSTD () Delete Title: () Change () Name: Address: () Object Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: SANFORD, FL 32771 US City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Change () Name: Address: () Object Address: () Object Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () Name: Address: () City-St-Zip: Title: () Change () City-St-Zip: Title: () Change () City-St-Zip: Title: () Change () City	Current Mailing Address:			New Mailing Address	New Mailing Address:	
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I hereby certify that the information supplied with this filing does not qualify 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: SIMON HANSLA VP 03/26/2009