



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000073253</b> 1. Entity Name <b>HUMMING BIRD GENERAL SERVICES INC.</b>				FILED 07 SEP 19 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA <div style="text-align: right; margin-top: -20px;">1082</div>	
Principal Place of Business <b>8663 PLUTO TERRACE LAKE PARK, FL 33403</b>		Mailing Address <b>8663 PLUTO TERRACE LAKE PARK, FL 33403</b>			
2. Principal Place of Business - No P.O. Box # <b>Palm Beach 8663 Pluto Terr</b>		3. Mailing Address <b>8663 Pluto Terr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lake Park Florida</b> Zip <b>33403</b>		City & State <b>Lake Park Florida</b> Zip <b>33403</b>		4. FEI Number <b>57-1237329</b>	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CHAMBERS, TOSHA 8663 PLUTO TERRACE LAKE PARK, FL 33403</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u>Tosha Chambers</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>9/14/07</u>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHAMBERS, CURTON 8663 PLUTO TERRACE LAKE PARK, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900109874379</b> <b>09/25/07--01014--011 **160.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMBERS, TOSHA 8663 PLUTO TERRACE LAKE PARK, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>9/14/07</u> 561 Daytime Phone # <u>324-3974</u>		

Hummingbird General Services Inc.

To who in may concern,

Due to non receipt of annual report/ reinstatement, Please waive the fee for us at this time.

Thank you

*Tosha Chambers*  
Registered Agent.

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