

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                |                                                                       |         |                                                                            |                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P94000040966</b><br>1. Entity Name<br><b>BRENDA'S BIRDS, INC.</b>                                                                                                                                                |                                                                       |         |                                                                            |                                 |  |
| Principal Place of Business<br><b>324 NE 3RD AVE<br/>DELRAY BEACH FL 33444<br/>US</b>                                                                                                                                          |                                                                       |         | Mailing Address<br><b>324 NE 3RD AVE.<br/>DELRAY BEACH FL 33444<br/>US</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                          |                                                                       |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                  |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                   |                                                                       |         | City & State                                                               |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                            |                                                                       | Country |                                                                            | 4. FEI Number<br><b>65-0492228</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                      |                                                                       |         |                                                                            | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TURNER, ROBERT E<br/>15221 JACKSON ROAD<br/>DELRAY BEACH FL 33484</b>                                                                                                |                                                                       |         |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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. |                                                                       |         |                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                               |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                    |                                                                       |         |                                                                            | DATE _____                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                |                                                                       |         |                                                                            | <b>\$5.00 May 1</b><br><b>Added to Fees</b>                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                              |                                                                       |         |                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | DP<br>TURNER, ROBERT E<br>15221 JACKSON ROAD<br>DELRAY BEACH FL 33484 |         |                                                                            | <input type="checkbox"/> Delete                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |         |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |         |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |         |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |         |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |         |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |         |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 561496-0921