


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90130 036 \*\*\*150.00

**DOCUMENT # P95000040407**

1. Entity Name  
**B.I.R.D., INC.**



Principal Place of Business      Mailing Address

**4152 ROWAN ROAD**      **4152 ROWAN ROAD**  
**NEW PORT RICHEY, FL 34653 US**      **NEW PORT RICHEY, FL 34653 US**

2. Principal Place of Business      3. Mailing Address

**7700 US HWY 19**      **7700 US HWY 19**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**HOLIDAY FL.**      **HOLIDAY FL.**

Zip      Country      Zip      Country

**34691 PASCO**      **34691 PASCO**

**00043541**



02202006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**59-3315129**      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

**RALSTON, BARBARA J**  
**1136 US 19**  
**HOLIDAY, FL 34691**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7700 US HWY 19**  
 City      State      Zip Code  
**HOLIDAY FL 34691**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	DP RALSTON, BARBARA J 1136 US 19 HOLIDAY, FL 34691 <input checked="" 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	VP RALSTON, DAVID 1136 US 19 HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7700 US HWY 19</b>
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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: David S Ralston      **DAVID S RALSTON**      3-13-06      785 575 5068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #