2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # P96000002895 03-08-2006 90166 048 ***150.00 JAY BIRD EXPRESS, INC. Principal Place of Business Mailing Address 3350 VAGABOND RD 3350 VAGABOND RD LANTANA, FL 33462 LANTANA. FL 33462 2. Principal Place of Business 23/3 S.W. SAIMON RD. Suite, Apt. #, etc. 3. Mailing Address 2313 S.W. SALMON RD CR2E034 (11/05) 03012006 Cha-P Applied For City & State 4. FEI Number PORT SAINT LUCIE PORT SAINT LUCIE 65-0634751 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box SAINT LUCIE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIER MARTTER, SUSAN Street Address (P.O. Box Number is Not Acceptable) 3359 VAGABOND RD LANTANA, FL 33462 S.W. SALMON ROAD 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. 3-60-06 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE 2313 SW SALMON RD MARTTER, TERRY J NAME NAME STREET ADDRESS 3373 VAGABOND ROAD STREET ADDRESS PORT SAINT LUCIE F1 34953 CITY-ST-ZIP CITY-ST-7IP LANTANA, FL 33462 TITLE ☐ Delete 2313 S.W. SALMON 2D NAME MARTTER, SUSAN NAME 3373 VAGABOND ROAD STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE F1 3 4953 CITY-ST-ZIP LANTANA, FL 33462 CfTY-ST-ZiP TETLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F Delete TIT! F ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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: 🗹