


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90198 038 ***150.00

DOCUMENT # P99000088137	
1. Entity Name SARAH BIRD, P.A., ATTORNEY AT LAW	

Principal Place of Business 1470 E. MICHIGAN STREET ORLANDO, FL 32806	Mailing Address 1470 E. MICHIGAN STREET ORLANDO, FL 32806
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2. Principal Place of Business 175 LAUREL RIDGE AVE Suite, Apt. #, etc.	3. Mailing Address 175 LAUREL RIDGE AVE Suite, Apt. #, etc.
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City & State OCFEE FL	City & State OCFEE FL
Zip 34761	Country USA



05022006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3627520	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BIRD, SARAH 1092A E. MICHIGAN STREET ORLANDO, FL 32806
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7. Name and Address of New Registered Agent Name BIRD, SARAH Street Address (P.O. Box Number is Not Acceptable) 175 LAUREL RIDGE AVE City & State OCFEE FL Zip Code 34761
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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><i>Sarah Bird</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, SARAH <input type="checkbox"/> Delete 1082A EAST MICHIGAN STREET ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIRD, SARAH <input type="checkbox"/> Change <input type="checkbox"/> Addition 175 LAUREL RIDGE AVE OCFEE FL 34761
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.
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SIGNATURE: <u><i>Sarah Bird</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>5/1/06</u> Date	<u>407.898.0488</u> Daytime Phone #
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