2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # S17268

1. Entity Name
KITTY BIRD, INC.

Principal Place of Business	Mailing Address
3601 N DIXIE HWY SUITE 2 BOCA RATON, FL 33431-5901 US	3601 N DIXIE HWY SUITE 2 BOCA RATON, FL 33431-5901 US

DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0233942

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NINOS, CHRISTOPHER M C.P.A.
1600 SOUTH DIXIE HIGHWAY
SUITE #503
BOCA RATON, FL 33432-7454

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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 _____ 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000754363
05/22/07-80057-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHMIDT, GERALD E MD
STREET ADDRESS	1504 CASCADES DRIVE STUART BUILDIN #4
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80487
TITLE	VP
NAME	SCHMIDT, GERALD E M.D.
STREET ADDRESS	1504 CASCADES DRIVE STUART BUILDIN #4
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80487
TITLE	D
NAME	SCHMIDT, REBECCA A
STREET ADDRESS	1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80487
TITLE	S
NAME	SCHMIDT, GERALD E MD
STREET ADDRESS	1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80487
TITLE	T
NAME	SCHMIDT, GERALD E MD
STREET ADDRESS	1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80487
TITLE	D
NAME	SCHMIDT, GERALD E MD
STREET ADDRESS	1504 CASCADES DRIVE STUART BUILDING #4
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80487

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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.

CHRISTOPHER M. NINOS C.P.A.
REGISTERED AGENT

SIGNATURE: Christopher M. Ninos C.P.A. 04-30-07 (561)-393-3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #