

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90044 011 ***150.00

DOCUMENT # S17268 1. Entity Name KITTY BIRD, INC.					
Principal Place of Business 3601 N DIXIE HWY SUITE 2 BOCA RATON, FL 33431-5901 US				Mailing Address 3601 N DIXIE HWY SUITE 2 BOCA RATON, FL 33431-5901 US	
2. Principal Place of Business - No P.O. Box # 1600 SOUTH DIXIE HIGHWAY		3. Mailing Address 1600 SOUTH DIXIE HIGHWAY			
Suite, Apt. #, etc. SUITE #503		Suite, Apt. #, etc. SUITE #503			
City & State BOCA RATON FLORIDA		City & State BOCA RATON FLORIDA		4. FEI Number 65-0233942	
Zip 33432-7454		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when withdrawing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SCHMIDT, GERALD E MD 1504 CASCADES DRIVE STUART BUILDIN #4 STEAMBOAT SPRINGS, CO 80487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2847 WHITEWATER LANE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SCHMIDT, GERALD E M.D. 1504 CASCADES DRIVE STUART BUILDIN #4 STEAMBOAT SPRINGS, CO 80487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2847 WHITEWATER LANE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHMIDT, REBECCA A 1504 CASCADES DRIVE STUART BUILDING #4 STEAMBOAT SPRINGS, CO 80487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2847 WHITEWATER LANE	
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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 1607, 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: CHRISTOPHER M. NINOS C.P.A. REGISTERED AGENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 01-16-08		Daytime Phone # (561)-750-5466