

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032142

Entity Name: BIRTHDAYS AWAY, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

5109 NW 39 AVE.
STE. B
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

381 SW MAGNOLIA LANE
FT. WHITE, FL 32038

New Mailing Address:

FEI Number: 54-2108479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCKWORTH, ANDREA W
381 SW MAGNOLIA LANE
FT. WHITE, FL 32038 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUCKWORTH, ANDREA W
Address: 381 SW MAGNOLIA LANE
City-St-Zip: FT. WHITE, FL 32038

Title: ST () Delete
Name: DUCKWORTH, MICHAEL W
Address: 381 SE MAGNOLIA LANE
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: DUCKWORTH, MICHAEL W
Address: 381 SW MAGNOLIA LANE
City-St-Zip: FORT WHITE, FL 32038

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA W. DUCKWORTH

D

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date