


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 FEB 13 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # P00000116680</b> 1. Entity Name <b>BIRDIE PAR CORP.</b>		
Principal Place of Business <b>4540 OAK TREE CT DELRAY BEACH, FL 33445</b>		Mailing Address <b>C/O HOLLAND &amp; KNIGHT LLP 10 ST. JAMES AVE. ATTN: ALLAN LANDAU, ESQ BOSTON, MA 02116</b>
2. Principal Place of Business - No P.O. Box # <b>23 Central Avenue</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Lynn, MA 01901</b>	City & State	
Zip <b>01901</b>	Country <b>USA</b>	Zip Country
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		



01092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1090264</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>800089285018</b> 02/27/07--01004--023 **150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD GOUCHBERG, GERALD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4540 OAK TREE CT	NAME	STREET ADDRESS
STREET ADDRESS	4540 OAK TREE CT	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUCHBERG, LITA	NAME	STREET ADDRESS
STREET ADDRESS	4540 OAK TREE CT	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	
TITLE	PTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Gouchberg	NAME	STREET ADDRESS
STREET ADDRESS	23 Central Avenue	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	Lynn, MA 01901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	STREET ADDRESS
STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	STREET ADDRESS
STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	

**WILLIAMS FEB 13 2007**

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.

**SIGNATURE:** Jeffrey Gouchberg 781 599 4343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #