


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005221

1. Entity Name
BACKPACK BUDDIES, INC.



Principal Place of Business Mailing Address

**120 MARLIN DR
MERRITT ISLAND, FL 32952** **120 MARLIN DR
MERRITT ISLAND, FL 32952**

DO NOT WRITE IN THIS SPACE



04172005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-3935308** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GROSS, ELIZABETH
120 MARLIN DR
MERRITT ISLAND, FL 32952**

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IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GROSS, ELIZABETH
STREET ADDRESS	120 MARLIN DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	SAMMON, JANIS
STREET ADDRESS	400 FRANKFORD AVE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	POTTER, ERIN
STREET ADDRESS	1819 RADNOR DR
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	KASICA, JULIA
STREET ADDRESS	2676 ROCKY POINT WAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80135-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, 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: *Elizabeth A. Gross* **4/23/05** **321-453-1445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #