

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000005442					
1. Entity Name BIKERS FOR FIRST AMENDMENT RIGHTS, INC.					
Principal Place of Business 2594 PALM DRIVE PORT ORANGE, FL 32128			Mailing Address 2594 PALM DRIVE PORT ORANGE, FL 32128		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLOSIMO, EDWARD J 2594 PALM DRIVE PORT ORANGE, FL 32128				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Edward J. Colosimo</i>		Edward J. Colosimo		9-7-05	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete	TITLE	Member Bd. of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Timothy Landrum		
STREET ADDRESS		STREET ADDRESS	801 Oakview Drive		
CITY-ST-ZIP		CITY-ST-ZIP	New Smyrna Beach, FL 32169		
TITLE	<input type="checkbox"/> Delete	TITLE	Member Bd. of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Georgetta Juncos		
STREET ADDRESS		STREET ADDRESS	1424 Sunset Blvd.		
CITY-ST-ZIP		CITY-ST-ZIP	Holly Hill, FL 32117		
TITLE	<input type="checkbox"/> Delete	TITLE	Member Bd. of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Gary Bender		
STREET ADDRESS		STREET ADDRESS	2594 Palm Drive		
CITY-ST-ZIP		CITY-ST-ZIP	Port Orange, FL 32128		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Edward J. Colosimo</i>		9-7-05		(386) 304-8767	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
Edward J. Colosimo					

