

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008541

FILED
Apr 27, 2005
Secretary of State

Entity Name: BABY OTTER SCHOLARSHIP AND EDUCATION FUND, INC.

Current Principal Place of Business:

2501 MARINA BAY DRIVE, WEST
201
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

6511 NOVA DRIVE
#159
DAVIE, FL 33317

New Mailing Address:

FEI Number: 42-1610189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDBERG, MARK H ESQ
5400 S. UNIVERSITY DRIVE
SUITE 601
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

LAWRENCE, ROBERT
80 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33162 US

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: ROBERT LAWRENCE

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BLOOM, MARLENE
Address: 2501 MARINA BAY DR #201
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VSD () Delete
Name: YORK, MINDY
Address: 5400 S. UNIVERSITY DRIVE, #601
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: GOLDBERG, MARK H
Address: 5400 S. UNIVERSITY DRIVE, #601
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: LAWRENCE, ROBERT
Address: 80 N.E. 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33062

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE BLOOM

PTD

04/27/2005

Electronic Signature of Signing Officer or Director

Date