## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 14, 2006 8:00 am Secretary of State **DOCUMENT # P03000084055** 04-14-2006 90146 018 \*\*\*150.00 BUILDING A BRIGHTER TOMORROW FOUNDATION, INC. Principal Place of Business Mailing Address 701 26TH AVENUE EAST 701 26TH AVENUE EAST BRADENTON, FL 34208 BRADENTON, FL 34208 US 2. Principal Place of Business 3. Mailing Address 307 48th ST CRT E. P.O.BOX 2641 Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 CR2E034 (11/05) Chg-P City & State City & State PALMETTO, 4. FEI Number Applied For FL ONECO, FL 20-0639055 Not Applicable <sup>Zip</sup> 34264 <sup>ℤp</sup> 34221 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORMAN, LORI M Street Address (P.O. Box Number is Not Acceptable) 601 12TH STREET WEST BRADENTON, FL 34205 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D. P TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOSKOWITZ, CHRISTOPHER J NAME NAME 701 26TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition MOSKOWITZ, GORDON R NAME NAME STREET ADDRESS 307 48TH ST CRT E STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information mental 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 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 than address with an other like empowered. 12. I hereby certify that the information indicated on this report or supple of the corporation or the receive changed, or on an attachment

NG OFFICER OR DIRECTOR

FILED

Daytime Phone #