

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349614

Entity Name: BUGGY BUS INC.

FILED  
Jan 19, 2006  
Secretary of State

## Current Principal Place of Business:

201 FRONT ST  
SUITE 224  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

201 FRONT ST  
SUITE 224  
KEY WEST, FL 33040 US

## New Mailing Address:

FEI Number: 59-1274441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWIFT, EDWIN O. (III)  
201 FRONT ST  
SUITE 224  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

SWIFT, EDWIN O III  
201 FRONT ST  
SUITE 224  
KEY WEST, FL 33040 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: EDWIN O. SWIFT, III

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: BELLAND, CHRISTOPHER,  
Address: 201 FRONT STREET SUITE 224  
City-St-Zip: KEY WEST, FL 33040

Title: PD ( ) Delete  
Name: SWIFT, EDWIN O III  
Address: 201 FRONT STREET SUITE 224  
City-St-Zip: KEY WEST, FL 33040

Title: VTDA ( ) Delete  
Name: MOSHER, GERALD  
Address: 201 FRONT ST, STE 310  
City-St-Zip: KEY WEST, FL

Title: T ( ) Delete  
Name: MCPHERSON, BENJAMIN  
Address: 201 FRONT STREET SUITE 107  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: BELLAND, CHRISTOPHER  
Address: 201 FRONT STREET SUITE 224  
City-St-Zip: KEY WEST, FL 33040

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

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

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN MCPHERSON

T

01/19/2006

Electronic Signature of Signing Officer or Director

Date