

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700048

FILED
May 08, 2007
Secretary of State

Entity Name: SUBUD-FLORIDA INC

Current Principal Place of Business:

45 SEAVIEW DR.
ORLANDO BEACH, FL 32176

New Principal Place of Business:

6323 LENAPE STREET
FORT PIERCE,, FL 34982

Current Mailing Address:

699 S.E. VOLTAIR TERRACE
PORT ST. LUCIE, FL 34983

New Mailing Address:

6323 LENAPE STREET
FORT PIERCE, FL 34982 US

FEI Number: 59-1695097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCOTT, BARBARA
6323 LENAPE ST
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: OVINGTON, ROSEANNA
Address: 45 SEAVIEW DR.
City-St-Zip: ORLANDO BEACH, FL 32176

Title: S () Delete
Name: BRUCE, ANITA
Address: 8512 N 29TH STREET
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: SCOTT, BARBARA
Address: 6323 LENAPE ST
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: EGGLETON, HADIJAH V
Address: 300 BERKLEY ROAD #110
City-St-Zip: HOLLYWOOD,, FL 33024

Title: VC (X) Change () Addition
Name: SOLOMON, LAURIE
Address: 1453 GARDEN ROAD
City-St-Zip: WESTON, FL 33326

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SCOTT

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05/08/2007

Electronic Signature of Signing Officer or Director

Date