2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752841

Apr 29, 2005 Secretary of State

Entity Name: BUENA VIDA ESTATES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 2129 W. NEW HAVEN AVE. W. MELBOURNE, FL 32904 **Current Mailing Address: New Mailing Address:** 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 FEI Number: 64-0639722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RIDENOUR, JIM RIDENOUR, JIM Name: Name: 2101 W. NEW HAVEN AVE. Address: 2101 W. NEW HAVEN AVE. Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32904 Title: STD Title: () Delete () Change () Addition BRETT, JOSEPH, Name: Name: Address: 300 NASA BLVD Address: City-St-Zip: MELBOURNE, FL City-St-Zip: Title: ASD () Delete Title: () Change () Addition MANCO-HERRMAN, ELIZABETH Name: Name: 6163 ARLINGTON CIRCLE Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: ASD () Delete Title: () Change () Addition Name: BUTLER, JOHN E Name: Address: 200 OAK STREET Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: Title: () Delete Title: (X) Change () Addition PAVLAKOS, DEBRA GARDINER, STEVE Name: Name: 100 S. SYKES CREEK PKWY 2995 LIMPET COURT Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: INDIALANTIC, FL 32903 Title: () Delete Title: (X) Change () Addition HANNA, EMMA TAYLOR, LYNN Name: Name: Address: 1482 MEADOWBROOK ROAD, NE Address: 3125 WEST NEW HAVEN AVE. PALM BAY, FL 32905 WEST MELBOURNE, FL 32904 City-St-Zip: 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: RALPH BISHOP ED 04/29/2005