
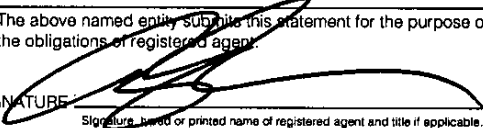
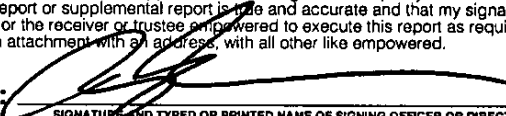


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90049 019 \*\*\*\*61.25

<b>DOCUMENT # F93000005750</b> 1. Entity Name <b>BEST BUDDIES SUPPORTING CORPORATION, INC.</b>					
Principal Place of Business <b>SUITE 1990</b> <b>100 S.E. 2ND STREET</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>SUITE 1990</b> <b>100 S.E. 2ND STREET</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business <b>100 SE 2nd Street</b> Suite, Apt. #, etc. <b>Suite 2200</b>			3. Mailing Address <b>100 S.E. 2nd Street</b> Suite, Apt. #, etc. <b>Suite 2200</b>		
City & State <b>Miami, FL</b>			City & State <b>Miami, FL</b>		
Zip <b>33131</b>		Country <b>U.S.</b>		4. FEI Number <b>52-1772267</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHRIVER, ANTHONY K</b> <b>SUITE 1990</b> <b>100 S.E. 2ND STREET</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>7/1/05</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>COBP</b> <b>SHRIVER, ANTHONY K</b> <b>100 S.E. 2ND ST., STE 1250</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>COBP</b> <b>Shriver, Anthony K</b> <b>100 S.E. 2nd St., STE 2200</b> <b>Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BLANK, BRAD</b> <b>70 FRANKLIN ST.</b> <b>BOSTON, MA 02110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KLINGMAN, GERARD</b> <b>405 LEXINGTON AVE, 24TH FL</b> <b>NEW YORK, NY 10174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> <b>7/1/05</b>  <small>Date</small> </div> <div> <b>305-374-2233</b>  <small>Daytime Phone #</small> </div> </div>		

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07012005 Chg-NP CR2E037 (10/03)