


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90229 027 \*\*\*\*70.00

<b>DOCUMENT # F93000005750</b>	
1. Entity Name <b>BEST BUDDIES SUPPORTING CORPORATION, INC.</b>	

Principal Place of Business <b>100 SE 2ND STREET SUITE 2200 MIAMI, FL 33131</b>	Mailing Address <b>100 SE 2ND STREET SUITE 2200 MIAMI, FL 33131</b>
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40082131



2. Principal Place of Business <b>100 SE 2ND ST Suite, Apt. #, etc. 2200</b>	3. Mailing Address  Suite, Apt. #, etc.
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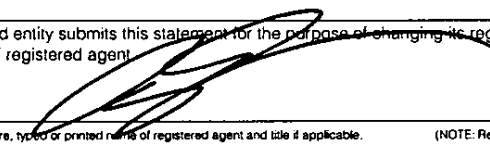
01132006 Chg-NP CR2E037 (11/05)

City & State <b>MIAMI, FL</b>	City & State  
Zip <b>33131</b>	Country <b>USA</b>

4. FEI Number <b>52-1772267</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>SHRIVER, ANTHONY K <del>SUITE 1090</del> 100 S.E. 2ND STREET MIAMI, FL 33131</b>	
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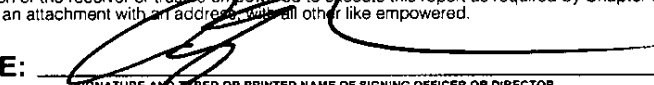
7. Name and Address of New Registered Agent Name <b>ANTHONY K. SHRIVER</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 SE 2ND ST STE 2200</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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8. The above named entity submits this statement 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 	DATE <b>04/11/06</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>COBP SHRIVER, ANTHONY K 100 SE 2ND STREET, SUITE 2200 MIAMI, FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D BLANK, BRAD 70 FRANKLIN ST. BOSTON, MA 02110</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D KLINGMAN, GERARD 405 LEXINGTON AVE, 24TH FL NEW YORK, NY 10174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE <b>04/11/06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	