2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# F93000005750

Entity Name: BEST BUDDIES SUPPORTING CORPORATION, INC.

Current Principal Place of Business:

100 SE 2ND STREET
SUITE 2200
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

100 SE 2ND STREET
SUITE 2200
MIAMI, FL 33131

New Mailing Address:

FEI Number: 52-1772267 **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:

SHRIVER, ANTHONY K
SUITE 1990
100 S.E. 2ND STREET
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHRIVER, ANTHONY K
SUITE 2200
100 S.E. 2ND STREET
MIAMI, FL 33131 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: ANTHONY K. SHRIVER 05/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: COBP ( ) Delete
Name: SHRIVER, ANTHONY K
Address: 100 SE 2ND STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: BLANK, BRAD
Address: 70 FRANKLIN ST.
City-St-Zip: BOSTON, MA 02110

Title: D ( ) Delete
Name: KLINGMAN, GERARD
Address: 405 LEXINGTON AVE, 24TH FL
City-St-Zip: NEW YORK, NY 10174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ANTHONY K. SHRIVER COBP 05/07/2008
Electronic Signature of Signing Officer or Director Date