2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N00000005913

Entity Name: BUST BUSTERS, INC.

Current Principal Place of Business:

2638 WEDGEVILLE BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 48051
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-3669552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, BEVERLY6
2638 WEDGEVILLE BLVD.
JACKSONVILLE, FL 32211 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: DP ( ) Delete
Name: HARRIS, BEVERLY
Address: 2638 WEDGEVILLE BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: DVT ( ) Delete
Name: WILLIAMS, MARY
Address: 8087 SUN VALLEY DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: STEPHENS, LORETTA
Address: 3135 EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: SIMMONS, DWEVIN DR
Address: 1910 JEFERSON STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: PRINGLE, RAMONA
Address: 2029 STONE COURT DR
City-St-Zip: BEDFORD, TX 76021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: BOWMAN-WARREN, SHARON
Address: 6148 SPIREA ST
City-St-Zip: JACKSONVILLE, FL 32209

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 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: MARY WILLIAMS VP 04/29/2005

Electronic Signature of Signing Officer or Director — Date