2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
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 ( )**
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:

HARRIS, BEVERLY
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: BOWMAN-WARREN, SHARON
Address: 6148 SPIREA ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: SIMMONS, D
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: ( ) 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: MARY WILLIAMS VP 05/03/2009

Electronic Signature of Signing Officer or Director — Date