

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000104

FILED
May 26, 2005
Secretary of State

Entity Name: BOOMCHIX, INC.

Current Principal Place of Business:

1615 N 58TH AVE
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

1615 N 58TH AVE
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-1077456 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:

Name and Address of New Registered Agent:

SOURS, SUSAN A
1615 N 58TH AVE
HOLLYWOOD, FL 33021 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOURS, SUSAN A
Address: 1615 N 58TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: POMPONIO, MICHAEL F
Address: 1615 N 58TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: JOHNSON, LUCILLE M
Address: P O BOX 1182
City-St-Zip: HAYWARD, WI

Title: T () Delete
Name: EDWARDS, KATHERINE
Address: 1509 SW FIRST STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

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:

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: SUSAN A SOURS

PD

05/26/2005

Electronic Signature of Signing Officer or Director

Date