2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006654

Entity Name: BON VIVANTS OF BROWARD COUNTY, INC.

FILED Apr 02, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|----------------------------------|----------|---|--|---|--------------|
| PO BOX 291783 DAVIE, FL 33329 US | | | | 4155 S PINE ISLAND RD DAVIE, FL 33328 US | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| PO BOX 29 DAVIE, FL | | | | | | | |
| FEI Number: | 65-1140726 | FEI Number Applied For() | FEI Nun | nber Not Appli | icable () | Certificate of Status Des | sired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| FIERING, HARRIET I PO BOX 291783 DAVIE, FL 33329 US | | | | FIERING, HARRIET I 4155 S PINE ISLAND RD DAVIE, FL 33328 US | | | |
| The above in the State | | submits this statement for the p | urpose o | f changing it | ts registered o | office or registered age | nt, or both, |
| SIGNATURE: HARRIET FIERING | | | | 04/02/2007 | | | |
| Electronic Signature of Registered Agent | | | | Date | | | |
| OFFICERS | S AND DIREC | TORS: | | ADDITION | S/CHANGES | TO OFFICERS AND | DIRECTORS: |
| Title: Name: Address: City-St-Zip: | DP () BEISWINGER, 4305 PINE RID WESTON, FL 3 | GE CT. | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | EVANS, JEANN 2241 N.E. 38TH | | | Title: Name: Address: City-St-Zip: | DS (X OWINGS, MAR 111 BRINY AV POMPANO BO | E #2707 | |
| Title: Name: Address: City-St-Zip: | DT () FIERING, HARF 4155 S. PINE IS DAVIE, FL 333 | SLAND RD. | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | DV () GLOWTH, BAR 4431 N.E. 13TH FT. LAUDERDA | I AVE. | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | DV () VAN PELT, SUS 6157 BALBOA BOCA RATON, | CIRCLE | | Title: Name: Address: City-St-Zip: | LARSON, LOIS 2200 NE 33RE | | |
| Title: Name: Address: City-St-Zip: | KEYSER, JAW | S BEND DR., # 110 | | Title: Name: Address: City-St-Zip: | KEYSER, JAW 2104 CYPRES | () Change () Addition /AYNE SS BEND DR., # 110 (ACH, FL 33069 | |

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRIET FIERING DT 04/02/2007