2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005588

Entity Name: B&B SCHOLAR FOUNDATION INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

6786 MANGROVE DR. 5865 N TROPICAL TRAIL

MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32953 US

Current Mailing Address: New Mailing Address:

6786 MANGROVE DR. PO BOX 540069

MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32954 US

FEI Number: 20-0136384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KO, TOA C KO, TOA C

6786 MANGROVE DR. 5865 N TROPICAL TRAIL

MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32953 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: TOA C KO 01/09/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change() Addition

 Name:
 KO, TOA C
 Name:
 KO, TOA C

 Address:
 6786 MANGROVE DRIVE
 Address:
 PO BOX 540069

City-St-Zip: MERRITT ISLAND, FL 32953 US City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: D () Delete Title: D (X) Change () Addition

Name: BELL, RHONDA Name: BELL, RHONDA

Address: 6786 MANGROVE DRIVE Address: PO BOX 540069

City-St-Zip: MERRITT ISLAND, FL 32953 US City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: D () Delete Title: D (X) Change () Addition Name: ROGOW, ART Name: YOUNG, DAVID

Address: 6786 MANGROVE DRIVE Address: PO BOX 540069

City-St-Zip: MERRITT ISLAND, FL 32953 US City-St-Zip: MERRITT ISLAND, FL 32954 US

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: TOA C KO D 01/09/2006