

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009549

FILED
Jan 05, 2008
Secretary of State

Entity Name: BUDDIES FOR LIFE, INC.

Current Principal Place of Business:

1220 PALMER STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1220 PALMER STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 73-1685720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, PATRICIA
1220 PALMER STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BOYLE, PATRICIA M PD
1220 PALMER STREET
ORLANDO, FL 32801 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: PATRICIA BOYLE

01/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYLE, PATRICIA
Address: 1220 PALMER STREET
City-St-Zip: ORLANDO, FL 32801

Title: V () Delete
Name: STERCHELE, CYNTHIA
Address: 1211 PALMER STREET
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: EDMISTON, MARIE
Address: 2949 PEEL AVE
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: KEIFFER, ELIZABETH
Address: 3613 EDLAND DR.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOYLE, PATRICIA M
Address: 1220 PALMER STREET
City-St-Zip: ORLANDO, FL 32801

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: PATRICIA BOYLE

PD

01/05/2008

Electronic Signature of Signing Officer or Director

Date