

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010431

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: SAMANTHA'S FRIENDS INC.

## Current Principal Place of Business:

10514 CYPRESS POINT DRIVE  
BRADENTON, FL 34202

## New Principal Place of Business:

## Current Mailing Address:

10514 CYPRESS POINT DRIVE  
BRADENTON, FL 34202 US

## New Mailing Address:

FEI Number: 81-0637170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOZZA, ALICE D  
10514 CYPRESS POINT DRIVE  
BRADENTON, FL 34202 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: PD ( ) Delete  
Name: BOZZA, ALICE D  
Address: 10514 CYPRESS POINT DRIVE  
City-St-Zip: BRADENTON, FL 34202 US

Title: VD ( ) Delete  
Name: BOZZA, SAMANTHA L  
Address: 10514 CYPRESS POINT DRIVE  
City-St-Zip: BRADENTON, FL 34202 US

Title: T ( ) Delete  
Name: BOZZA, CRAIG M  
Address: 10514 CYPRESS POINT DR  
City-St-Zip: BRADENTON, FL 34202 US

Title: D ( ) Delete  
Name: RAIBLE, MARK  
Address: 1201 6TH AVENUE W.  
City-St-Zip: BRADENTON, FL 34205

Title: D ( ) Delete  
Name: CAMPIONE, ENID  
Address: 8516 DEE CIRCLE  
City-St-Zip: RIVERVIEW, FL 33569

## 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 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: SAMANTHA L BOZZA

VD

04/18/2007

Electronic Signature of Signing Officer or Director

Date