2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010606

Entity Name: BRIGHTER FUTURES COALITION, INC.

Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

908 SOUTH ANDREWS AVENUE 605 SW 4TH AVE

FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33315

Current Mailing Address: New Mailing Address:

908 SOUTH ANDREWS AVENUE PO BOX 460094

FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33346

FEI Number: 27-0073171 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:

BOGDANOFF, ELLYN S 908 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316

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:

Name:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete

(X) Change () Addition

BOGDANOFF, ELLYN S PRUITT, KEN Name:

908 S. ANDREWS AVE. Address: 3012 SW COLLINGS DRIVE Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Delete Title: (X) Change () Addition HOUSTON, CHRSTINE DUNCANSON, CAROLE Name: Name: Address: 2141 SW 52 AVE Address: 605 SW 4TH AVENUE

City-St-Zip: PLANTATION, FL 33317 City-St-Zip: FORT LAUDERDALE, FL 33315

Title: () Delete Title: (X) Change () Addition MILLER, MICHAEL Name: MILLER, MICHAEL Name:

2863 SW 11 OLACE Address: Address: PO BOX 460121

City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: FORT LAUDERDALE, FL 33346

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: MICHAEL MILLER S 04/29/2005