2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 22, 2005
Secretary of State

DOCUMENT# N04998

Entity Name: BETTER BUSINESS BUREAU OF WEST FLORIDA, INC.

Current Principal Place of Business:

2653 MCCORMICK DR.
CLEARWATER, FL 33759? US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7950
CLEARWATER, FL 33758950 US

New Mailing Address:

FEI Number: 59-2453220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NALVEN, KAREN W
2653 MC CORMICK DR.
CLEARWATER, FL 33759 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: NALVEN, KAREN
Address: 2653 MC CORMICK DR.
City-St-Zip: CLEARWATER, FL 33759

Title: TD ( ) Delete
Name: VERNICK, MARK
Address: 2653 MCCORMICK DR
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete
Name: WHITE, PATRICIA S
Address: 2653 MC CORMICK DR.
City-St-Zip: CLEARWATER, FL 33759

Title: CHD ( ) Delete
Name: SCHRUTT, LISA
Address: 2653 MCCORMICK DR.
City-St-Zip: CLEARWATER, FL 33759

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: CHD (X) Change ( ) Addition
Name: RICHARD, JOHN
Address: 2653 MCCORMICK DR.
City-St-Zip: CLEARWATER, FL 33759

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: KAREN W. NALVEN PD 08/22/2005

Electronic Signature of Signing Officer or Director — Date