


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # N05000012445 1. Entity Name FLORIDA BUY BIZ, INC.	
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Principal Place of Business 790 WOODBINE WAY 724 PALM BEACH GARDENS, FL 33418	Mailing Address P O BOX 3764 WEST PALM BEACH, FL 33402
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08072007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 41-2190160	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNER, DELORES DR 790 WOODBINE WAY 724 PALM BEACH GARDENS, FL 33402
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>DeLores Turner</u> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>	DATE <u>8/31/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000773193 09/05/07-80001-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, DELORES E DR 790 WOODBINE WAY #724 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUNTER, JOYCE 3475 GUNDRY AVE LONG BEACH, CA 90807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JOE, MIRIAM 909 W 29TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>DeLores Turner</u> PHD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>8/31/07</u> (661) 512-4884 <small>Daytime Phone #</small>