

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N06000001998

Entity Name: BUCKS BUSINESS NETWORK, INC.

Current Principal Place of Business:3490 E LAKE RD-STE B
PALM HARBOR, FL 34685**New Principal Place of Business:**3490 EAST LAKE ROAD
SUITE B
PALM HARBOR, FL 34685**Current Mailing Address:**2993 SHANNON CIR
PALM HARBOR, FL 34684**New Mailing Address:**311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756

FEI Number: 33-1135145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SULLIVAN, C A
311 S MISSOURI AVE
CLEARWATER, FL 33756 US**Name and Address of New Registered Agent:**SULLIVAN, C A
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: LOGUE, DANNY
Address: 4701 BERWYN COURT
City-St-Zip: PALM HARBOR, FL 34685Title: VPD () Delete
Name: KAGAN, MARILYN
Address: 2395 FLINT LOCK DR
City-St-Zip: CLEARWATER, FL 33765Title: TD () Delete
Name: OTT, CHRIS
Address: 2993 SHANNON CIR
City-St-Zip: PALM HARBOR, FL 34684Title: S () Delete
Name: FIELDS, LAUREN
Address: 2460 GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 33758**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: FOX, LEON
Address: 3490 EAST LAKE ROAD, SUITE B
City-St-Zip: PALM HARBOR, FL 34685Title: SD (X) Change () Addition
Name: BAHR, JANET
Address: 3490 EAST LAKE ROAD, SUITE B
City-St-Zip: PALM HARBOR, FL 34685

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: C A SULLIVAN

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date