2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N06000010453

Entity Name: BE FRUITFUL.BIZ, INC.

Current Principal Place of Business:

4070 NW 90TH WAY
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

6805 WEST COMMERCIAL BLVD
#322
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 32-1083324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, DEBORAH J
4070 NW 90TH WAY
SUNRISE, FL 33351 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:	D	( ) Delete
Name:	GRIFFIN, DEBORAH J	
Address:	4070 NW 90TH WAY	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	ALLISON, DEBRA	
Address:	2901 SW 41ST STREET #3001	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	RICE, BARBARA J	
Address:	13905 EQUITABLE ROAD	
City-St-Zip:	CERRITOS, CA 90703	
Title:	D	( ) Delete
Name:	FLOWERS, DEBRA	
Address:	306 LOMA DRIVE #332	
City-St-Zip:	LOS ANGELES, CA 90017	

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:	

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: DEBORAH GRIFFIN MS. 04/10/2009

Electronic Signature of Signing Officer or Director — Date