2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State
08-30-2007 90002 019 ****61.25

DOCUMENT # N06000012435

1. Entity Name
BBOYWORLD INC.

Principal Place of Business	Mailing Address
3821 AVALON PARK EAST BLVD #428 ORLANDO, FL 32828	3821 AVALON PARK EAST BLVD #428 ORLANDO, FL 32828

08282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3821 AVALON PARK E. BLVD	3821 AVALON PARK E. BLVD
Suite, Apt. #, etc. # 318	Suite, Apt. #, etc. # 318
City & State ORLANDO FLORIDA	City & State ORLANDO FLORIDA
Zip / Country 32828 USA	Zip / Country 32828 USA

4. FEI Number
11-3799291
[X] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOW, MICHELLE J 3821 AVALON PARK EAST BLVD #428 ORLANDO, FL 32828	Name: MICHELLE J. CHOW Street Address (P.O. Box Number is Not Acceptable): 3821 AVALON PARK EAST BLVD #318 City: ORLANDO FL Zip Code: 32828

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: MICHELLE J. CHOW 8.28.2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHROUG, ERWIN HEKSTRAAT 12 POORTUGAAL, PL 3171AK	[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRE CHOW, MICHELLE J 3821 AVALON PARK EAST BLVD. #428 ORLANDO, FL 32828	[ ] Delete	[X] Change [ ] Addition	3821 AVALON PARK EAST BLVD #318
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRE ALVARADO, DAVID 3730 NW 120TH WAY SUNRISE, FL 33323	[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRE FIGUEROA, JOVAN R 9781 SW 211 STREET MIAMI, FL 33189	[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition	

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: 8.28.2007 917.667.1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #