2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# N06000012794

Entity Name: DOLLARS & SENSE BNI, INC.

Current Principal Place of Business:

3023 SW BERRY AVE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

3023 SW BERRY AVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 01-0880829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PORTER, NANETTE
214 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 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: CHILDS, ERIC
Address: 4259 NW FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: PORTER, NANETTE
Address: 214 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D ( ) Delete
Name: GOODRICH, STEVE
Address: 201 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EMMELUTH, JEFF
Address: 10 SE CENTRAL PARKWAY, SUITE 101
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: VASQUEZ, LISA
Address: 2601 SW HIGH MEADOWS AVE
City-St-Zip: PALM CITY, FL 34990

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: LISA VASQUEZ SEC 09/04/2007

Electronic Signature of Signing Officer or Director — Date