2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009191

FILED Apr 30, 2008 Secretary of State

Entity Name: BONITA BLUES CHARITABLE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 27101 PINETRAIL CT. BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** 27101 PINETRAIL CT. BONITA SPRINGS, FL 34135 FEI Number: 26-1094480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PFEFFER, MICHAEL D PFEFFER, MICHAEL D MR. 27101 PINETRAIL CT. 27101 PINETRAIL CT. BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 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: MICHAEL D. PFEFFER 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PFEFFER, MICHAEL D Name: Name: 27101 PINETRAIL CT. Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: Title: SD () Delete Title: () Change () Addition BARRY, KEVIN J Name: Name: Address: 25085 LUCI DRIVE Address: BONITA SPRINGS, FL 34135 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition PFEFFER, THERESA M Name: Name: Address: 27101 PINETRAIL CT Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition Name: AUER, JENNIFER Name: Address: 25085 LUCI DR Address: City-St-Zip: BONITA SPRINGS, FL 34135 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: MICHAEL D. PFEFFER MR. 04/30/2008