2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# N07000011184

Entity Name: BNI REFERRALS UNLIMITED GROUP INC

Current Principal Place of Business:

9815 S US HIGHWAY 1
TINA TURNER - GULSTREAM BUSINESS BANK
PORT ST LUCIE, FL 34952

New Principal Place of Business:

SPRING HILL SUITES
2000 NW COURTYARD CIRCLE - CONFERENCE ROOM
PORT ST LUCIE, FL 34986

Current Mailing Address:

9815 S US HIGHWAY 1
TINA TURNER - GULSTREAM BUSINESS BANK
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 26-1424747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, TINA
9815 S US HIGHWAY 1
TINA TURNER - GULSTREAM BUSINESS BANK
PORT ST LUCIE, FL 34952 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: P ( ) Delete
Name: VERBIT, NELSON
Address: 9815 S US HIGHWAY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP ( ) Delete
Name: ANDREWS, SARAH
Address: 9815 S US HIGHWAY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SECT ( ) Delete
Name: TURNER, TINA
Address: 9815 S US HIGHWAY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ANDREWS, SARA
Address: 9815 S US HIGHWAY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SECT (X) Change ( ) Addition
Name: TURNER, TINA M
Address: 9815 S US HIGHWAY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

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: TINA M. TURNER SECT 03/05/2008

Electronic Signature of Signing Officer or Director — Date