



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000011184 1. Entity Name BNI REFERRALS UNLIMITED GROUP INC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 AUG 29 AM 9:23	
Principal Place of Business SPRING HILL SUITES 2000 NW COURTYARD CIRCLE - CONFERENCE ROOM PORT ST LUCIE, FL 34986				Mailing Address 9815 S US HIGHWAY 1 TINA TURNER - GULSTREAM BUSINESS BANK PORT ST LUCIE, FL 34952			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1315 SW CEDAR COVE Suite, Apt. #, etc. City & State PORT ST LUCIE, FL Zip Country 34986					
				08012008 Chg-NP CR2E037 (12/06)			
				4. FEI Number 26-1424747		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TURNER, TINA 9815 S US HIGHWAY 1 TINA TURNER - GULSTREAM BUSINESS BANK PORT ST LUCIE, FL 34952				7. Name and Address of New Registered Agent Name LINDA OLSINSKI Street Address (P.O. Box Number is Not Acceptable) 1315 SW CEDAR COVE City PORT ST LUCIE FL Zip Code 34986			
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 <u>Linda Olsinski</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Linda Olsinski</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>7/30/08</u> <small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 VERBIT, NELSON 9815 S US HIGHWAY 1 PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARA Andrews - P 1740 SW St Lucie Blvd PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDREWS, SARA 9815 S US HIGHWAY 1 PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT MATEER - VP 130 SW PORT ST LUCIE Blvd PORT ST LUCIE, FL 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT TURNER, TINA M 9815 S US HIGHWAY 1 PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA OLSINSKI - SECT 1315 SW CEDAR COVE PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 8/29/08	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Linda Olsinski</u>				<u>7/30/08</u>		<u>636-399-5969</u>	