

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010145

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: BUDDY CRUISE INC.

**Current Principal Place of Business:**

6011 PALOMAGLADE DR.  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 94-3450962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLDSON, JORGE E  
6011 PALOMAGLADE DR  
LITHIA, FL 33547 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  
Name: ARNOLDSON, JORGE E  
Address: 6011 PALOMAGLADE DR.  
City-St-Zip: LITHIA, FL 33547

Title: D  
Name: HAYDEN, RICHARD J JR.  
Address: 1548 OAKHURST DR.  
City-St-Zip: MT. PLEASANT, SC 29466

Title: D  
Name: ARNOLDSON, PAMELA L  
Address: 6011 PALOMAGLADE DR.  
City-St-Zip: LITHIA, FL 33547

Title: D  
Name: TREMBLY, MELISSA  
Address: 1587 SAND HOLLOW LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: LAW, KATHLEEN  
Address: 5113 STERLING MANOR DR.  
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: PAMELA L ARNOLDSON

D

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date