2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # N9400001755 1. Entity Name BEST BUDDIES JOBS, INC.						04-18-2005 90557 004 ****70.00				
Principal Place of Business 100 S.E. 2ND STREET, STE. 1900 SUITE 1990 MIAMI, FL 33131 US Mailing Address 100 S.E. 2ND STREET, STE SUITE 1990 MIAMI, FL 33131 US				900		20035	4 141 4 414 4 414			
	Place of Business	3. Mailing Address	<u>~\q</u> ;	ST						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Chg-NP	CR2E03	7 (10/03)	, T , M .	
City & State		City & State			4. FEI Numbe 65-047	4. FEI Number Applied For 65-0477570 Not Applicable				
3313	Country USA	Zip 33131		untry	5. Certificate	of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		L		Address of New	Registered A	gent		
SHRIVER, ANTHONY K					SAMR	MR				
100 S.E. 2ND STREET, SUITE 1990				Street Add	dress (P.O. Box Number SE みつる	er is Not Acceptat	ole)			
MIAMI, FL 33131					.	LOO				
City					1:000	Zip Code				
	a named entity submits this statement for	r the purpose of changin	its registere	ed office or re	registered agent, or bot	h, in the State of F	Torida. I am fa	amiliar with,		
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								1		
SIGNATURE		and title if applicable.	NOTE: Registered	d Agent signature	e required when reinstating)		DATE			
SIGNATURE		9. Election	NOTE: Registered Campaign F and Contributi	inancing	\$5.00 May B		DATE Make check orida Depart			
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII	9. Election Trust Fu	Campaign F	inancing	\$5.00 May B Added to Fees		Make check orida Depart	ment of St	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ampowered 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 ampowered.

CITY-ST-ZIP

SIGNATURE:

MIAMI, FL 33156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)374-2233