2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N95000005572

Entity Name: BOSOM BUDDIES OF JACKSONVILLE, INC.

Current Principal Place of Business:

1335 WOODWARD AVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1335 WOODWARD AVE
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3192977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE CORDOVA-HANKS, BOBBI
1335 WOODWARD AVE
JACKSONVILLE, FL 32207 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: T ( ) Delete
Name: SAMUELS, PAM
Address: 4831-1 GREENLAND RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: S ( ) Delete
Name: THOMPSON, TERRY
Address: 7027 FT. CAROLINE HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: WALKER-BOATENGB, YUBA
Address: 4252 BLEINHEIM PLACE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: COSCIA, JENNIFER
Address: 12003 SAVERIO LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: P ( ) Delete
Name: MURRAY, BRENDA
Address: 11746 SPARKLEBERRY RD.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: HANKS, JERALD
Address: 1335 WOODWARD AVE
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA MURRAY P 04/29/2005

Electronic Signature of Signing Officer or Director — Date