

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90149 006 ****61.25

DOCUMENT # N96000005957			
1. Entity Name BUDDIES THRU BULLIES, INC.			
Principal Place of Business 3230 SW 57 AVE MIAMI, FL 33155		Mailing Address 3230 SW 57 AVE MIAMI, FL 33155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. P.O. Box 15938		Suite, Apt. #, etc. P.O. Box 15938	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33318		Zip 33318	
Country USA		Country USA	
6. Name and Address of Current Registered Agent GEOFFREY, LORI 3230 SW 57 AVE MIAMI, FL 33155		7. Name and Address of New Registered Agent Name <u>Carol Ackroyd</u> Street Address (P.O. Box Number is Not Acceptable) <u>17435 SW 256 St.</u> City <u>Homestead</u> FL Zip Code <u>33031</u>	
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>Carol Ackroyd</u> <u>Carol Ackroyd, Treasurer 3-6-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GEOFFREY, LORI ☒ Delete 3230 SW 57 AVE MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACKROYD, CAROL ☐ Delete 17435 SW 256 ST HOMESTEAD, FL 33031		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUIRES, BRENDA ☐ Delete 1518 NE 17 TERR FORT LAUDERDALE, FL 33304		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DITFURTH, JUDITH ☐ Delete 2365 NE 28 CT LIGHTHOUSE POINT, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFFRON, TOBY ☐ Delete 4383 FOREST LANE WEST PALM BEACH, FL 33406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10/			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Bursky, Mayne ☒ Change ☒ Addition P.O. Box 15938 Plantation, FL 33318		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Squires, Brenda ☒ Change ☐ Addition P.O. Box 15938 Plantation, FL 33318		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dittfurth, Judith ☒ Change ☐ Addition P.O. Box 15938 Plantation, FL 33318		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Affron, Toby ☒ Change ☐ Addition P.O. Box 15938 Plantation, FL 33318		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sharp, Christopher ☐ Change ☒ Addition P.O. Box 15938 Plantation, FL 33318		
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 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>Carol Ackroyd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3-6-05</u> <u>305-666-8870</u> Date Daytime Phone #	
<u>Carol Ackroyd, Treasurer</u>			