

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 11, 2007 8:00 am  
Secretary of State**

01-11-2007 90049 037 \*\*\*\*61.25

**DOCUMENT # N96000005957**

1. Entity Name  
BUDDIES THRU BULLIES, INC.



Principal Place of Business  
PO BOX 15938  
PLANTATION, FL 33318

Mailing Address  
PO BOX 15938  
PLANTATION, FL 33318

2. Principal Place of Business - No P.O. Box #  
17435 SW 256 ST

Suite, Apt. #, etc.  
Homestead, FL

City & State  
33031

3. Mailing Address

Suite, Apt. #, etc.

City & State

40001338



01072007 Chg-NP CR2E037 (12/06)

Zip  
USA

Zip

Country

4. FEI Number  
65-0633417

Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ACKROYD, CAROL  
17435 SW 256 ST  
HOMESTEAD, FL 33031

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

**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**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE P  
NAME BURSKY, MAXYNE  
STREET ADDRESS PO BOX 15938  
CITY-ST-ZIP PLANTATION, FL 33378

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Bursky

33318

TITLE T  
NAME ACKROYD, CAROL  
STREET ADDRESS 17435 SW 256 ST  
CITY-ST-ZIP HOMESTEAD, FL 33031

Delete

no change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME SQUIRES, BRENDA  
STREET ADDRESS PO BOX 15938  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

no change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE S  
NAME DITFURTH, JUDITH  
STREET ADDRESS PO BOX 15438  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

no change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME AFFRON, TOBY  
STREET ADDRESS PO BOX 15438  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

no change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE VP  
NAME SUBRAMANIAN, DONNA  
STREET ADDRESS PO BOX 15938  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

Subramanian

Change  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 either like empowered.

**SIGNATURE:**

*Carol Ackroyd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-07

305-666-8870

Date

Daytime Phone #

*Carol Ackroyd*

**ATTACHMENT**  
**2007 NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT**

DOCUMENT # <b>N9600005957</b>		
1. Entity Name <b>BUDDIES THRU BULLIES, INC.</b>		

Principal Place of Business <b>PO BOX 15938 PLANTATION, FL 33318</b>	Mailing Address <b>PO BOX 15938 PLANTATION, FL 33318</b>
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
Zip	Country	Zip	Country	4. FEI Number <b>65-0633417</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>ACKROYD, CAROL 17435 SW 256 ST HOMESTEAD, FL 33031</b>				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City <b>FL</b> Zip Code		

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** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURSKY, MAXYNE PO BOX 15938 PLANTATION, FL 33378	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Patricia Brian Po Box 15938 Plantation, FL 33318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACKROYD, CAROL 17435 SW 256 ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Ann Deheon Po Box 15938 Plantation, FL 33318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUIRES, BRENDA PO BOX 15938 PLANTATION, FL 33318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Erica Rodriguez-Anthony Po Box 15938 Plantation, FL 33318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DITFURTH, JUDITH PO BOX 15438 PLANTATION, FL 33318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Telma Reese Po Box 15938 Plantation, FL 33318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFFRON, TOBY PO BOX 15438 PLANTATION, FL 33318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Christina Soto Po Box 15938 Plantation, FL 33318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUBRAMANIAN, DONNA PO BOX 15938 PLANTATION, FL 33318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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**SIGNATURE:** *Carol C. Lewis* **1-7-07** **305-666-8870**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Carol Ackroyd*

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01072007 Chg-NP CR2E037 (12/06)

City & State

City & State

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Not Applicable

Zip

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Country

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HOMESTEAD, FL 33031

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City

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(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution.  **\$5.00 May Be  
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Make check payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE P BURSKY, MAXYNE  
NAME  
STREET ADDRESS PO BOX 15938  
CITY-ST-ZIP PLANTATION, FL 33378

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
Ann Frederick  
P.O. Box 15938  
Plantation, FL 33378

Change  Addition

TITLE T ACKROYD, CAROL  
NAME  
STREET ADDRESS 17435 SW 256 ST  
CITY-ST-ZIP HOMESTEAD, FL 33031

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** James McDonald  
PO Box 15938  
Plantation, FL 33378

Change  Addition

TITLE D SQUIRES, BRENDA  
NAME  
STREET ADDRESS PO BOX 15938  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** Lynn Anne Castleberry  
PO Box 15938  
Plantation, FL 33318

Change  Addition

TITLE S DITFURTH, JUDITH  
NAME  
STREET ADDRESS PO BOX 15438  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** Sybil LeBlanc  
PO Box 15938  
Plantation, FL 33318

Change  Addition

TITLE D AFFRON, TOBY  
NAME  
STREET ADDRESS PO BOX 15438  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** Kevin Keyser  
PO Box 15938  
Plantation, FL 33318

Change  Addition

TITLE VP SUBRAMANIAN, DONNA  
NAME  
STREET ADDRESS PO BOX 15938  
CITY-ST-ZIP PLANTATION, FL 33318

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** Lisa Vorst  
PO Box 15938  
Plantation, FL 33318

Change  Addition

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SIGNATURE

*Carol Ackroyd* 1-7-07 305-666-8870  
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

*Carol Ackroyd*

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*40001338*