

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**

40001338



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

3. Mailing Address

Suite, Apt. #, etc.
Homestead, FL

Suite, Apt. #, etc.

City & State
33031

City & State

Zip
33031

Country
USA

Zip

Country

01072007 Chg-NP CR2E037 (12/06)

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 reissuing)

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ACKROYD, CAROL
17435 SW 256 ST
HOMESTEAD, FL 33031** ☐ Delete **no change**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SQUIRES, BRENDA
PO BOX 15938
PLANTATION, FL 33318** ☐ Delete **no change**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DITFURTH, JUDITH
PO BOX 15438
PLANTATION, FL 33318** ☐ Delete **no change**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AFFRON, TOBY
PO BOX 15438
PLANTATION, FL 33318** ☐ Delete **no change**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bursky ☒ Change ☐ Addition **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
33318 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Subramanian ☒ Change ☐ Addition **P**

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 all other like empowered.

SIGNATURE:

Carol Ackroyd

1-7-07

305-666-8970


Carol Ackroyd

Date

Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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
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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

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01072007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0633417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 re-registering)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	D 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	D Ann DeLeon 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	D 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	D 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	D 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 type="checkbox"/> Addition

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SIGNATURE: <u>Carol Ackroyd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-7-07 Date	305-666-8870 Daytime Phone #
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2007 NOT-FOR-PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 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	VP Ann Frederick P.O. Box 15938 Plantation, FL 33378 <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	D James McDonald PO Box 15938 Plantation, FL 33378 <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	D Lynn Anne Castleberry 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	D Sybil LeBlanc 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	D Kevin Keyser 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	D Lisa Vorst PO Box 15938 Plantation FL 33318 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 all other like empowered.			
SIGNATURE: <i>Carol Ackroyd</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-7-07 305-666-8870 <small>Date Daytime Phone #</small>	

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Carol Ackroyd