2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N96000005957

Entity Name: BUDDIES THRU BULLIES, INC.

Current Principal Place of Business:

17435 SW 256ST
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

PO BOX 15938
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0633417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACKROYD, CAROL
17435 SW 256 ST
HOMESTEAD, FL 33031 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:	D	( ) Delete
Name:	BURSKY, MAXYNE	
Address:	PO BOX 15938	
City-St-Zip:	PLANTATION, FL 33318	
Title:	T	( ) Delete
Name:	ACKROYD, CAROL	
Address:	17435 SW 256 ST	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	D	( ) Delete
Name:	SQUIRES, BRENDA	
Address:	PO BOX 15938	
City-St-Zip:	PLANTATION, FL 33318	
Title:	S	( ) Delete
Name:	DITFURTH, JUDITH	
Address:	PO BOX 15438	
City-St-Zip:	PLANTATION, FL 33318	
Title:	D	( ) Delete
Name:	AFFRON, TOBY	
Address:	PO BOX 15438	
City-St-Zip:	PLANTATION, FL 33318	
Title:	P	( ) Delete
Name:	SUBRAMANIAN, DONNA	
Address:	PO BOX 15938	
City-St-Zip:	PLANTATION, FL 33318	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 exemption stated 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 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: CAROL ACKROYD T 04/03/2009

Electronic Signature of Signing Officer or Director — Date