2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2005
Secretary of State

DOCUMENT# N98000006873

Entity Name: HUGGLE, INC.

Current Principal Place of Business:

145 N.W. 206TH TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

145 N.W. 206TH TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 31-1633680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBARY, TONIA
145 N.W. 206TH TERRACE
MIAMI, FL 33169 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: VP ( ) Delete
Name: BARBARY, IRVING
Address: 145 N.W. 206TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: KWAKU, EMMANUEL
Address: 20630 NW 1ST COURT
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete
Name: HARRIS, JUANITA
Address: 145 NW 206 TERR
City-St-Zip: MIAMI, FL 33169

Title: M ( ) Delete
Name: DELISFORT, SHALANDA
Address: 16400 NE 17TH AVE APT 402
City-St-Zip: N MIAMI BEACH, FL 33162

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:

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: TONIA BARBARY P 05/29/2005
Electronic Signature of Signing Officer or Director — Date