2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P05000003074 BUDDY OF SW FLORIDA INCORPORATED**

FILED Apr 23, 2007 08:00 A
Secretary of State

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Principal Place of Business 8801 W TERRY ST BONITA SPRINGS, FL 34134		Mailing Address 8801 W TERRY ST BONITA SPRINGS, FL 34134		i 	ONIAL ALIK ARUKARUK ARUK	III! Jeifa (iii) Be it (fa il i	
19.4.		<i>S</i> ¹					
				04122007	No Chg-P	CR2E034 (11/05)
, D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-124			pplied For
Section 3 co		San San Carlo			of Status Desired	S8.75 Ac	iditional
	6. Name and Address of Current Re	gistered Agent			January Salar January	" I he said	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
LINOBERO 8801 W TE BONITA S		:	The state of the s	DÒ	NOT WE	்கி சிற்றிர்க	
	named entity submits this statement for the constant of registered agent. Signature, typed or printed name of registered agent and		ed office or register		th, in the State of Floric	la. I am familiar with	i, and accept
	Signature, typed or printed harne or registered agent and	ude if applicable. {NO1E: Hegislere	id Agent signature required	when remsialing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees	U00000727446 05/04/07-80048-002 150.00		0.00
10.	OFFICERS AND DI	RECTORS					30 ar
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINDBERG, WALTER 8801 W TERRY ST BONITA SPRINGS, FL 34134			and the first			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINDBERG, JESSIE 8801 W TERRY ST BONITA SPRINGS, FL 34134						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				特报		and the state	
TITLE			5. ,				

12. I hereby certify that the information supplied with this filling 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 607, 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR