

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010688

Entity Name: BUYERSCORP, INC

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

12441 S TURNER AVENUE
FLORAL CITY, FL 34436

New Principal Place of Business:

12441 S TURNER AVENUE
FLORAL CITY, FL 34436 US

Current Mailing Address:

12441 S TURNER AVENUE
FLORAL CITY, FL 34436

New Mailing Address:

12441 S TURNER AVENUE
FLORAL CITY, FL 34436 US

FEI Number: 20-2635224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BYERS, DEBBIE L
12441 S TURNER AVENUE
FLORAL CITY, FL 34436 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYERS, DEBBIE L
Address: 12441 S TURNER AVENUE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: VP () Delete
Name: BYERS, FRANK D
Address: 12441 S TURNER AVENUE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BYERS, KEITH F
Address: 12441 S. TURNER AVE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: D () Change (X) Addition
Name: BYERS, ANDREA L
Address: 12441 S. TURNER AVE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: D () Change (X) Addition
Name: BYERS, RENEE L
Address: 12441 S TURNER AVE
City-St-Zip: FLORAL CITY, FL 34436 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE BYERS

P

03/20/2006

Electronic Signature of Signing Officer or Director

_____ Date