2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017686

City-St-Zip:

FILED Sep 24, 2009 Secretary of State

Entity Name: KOCOBUNNY CORP **Current Principal Place of Business: New Principal Place of Business:** 26154 SW 126 CT HOMESTEAD, FL 33032 **Current Mailing Address: New Mailing Address:** 26154 SW 126 CT HOMESTEAD, FL 33032 FEI Number: 38-3751373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILMORE, SHAMINA L FISTFULL EDUCATIONAL SERVICES 26154 SW 126 CT 26154 SW 126 CT HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 US US 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: SHAMINA L. GILMORE 09/24/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition GILMORE, SHAMINA Name: Name: 26154 SW 126 CT Address: Address: City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: Title: **EVP** Title: EVP () Delete (X) Change () Addition GILMORE-SHIPPY, PATRICIA Name: Name: BENNETT, TANIKA M 26154 SW 126 CT 12705 SW 92 AVE Address: Address: HOMESTEAD, FL 33032 City-St-Zip: City-St-Zip: MIAMI, FL 33176 Title: Title: () Change (X) Addition () Delete Name: ATKINSON-GRANT, PAULETTE Name: 25630 SW 128 CT Address: Address:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

HOMESTEAD, FL 33032

SIGNATURE: SHAMINA L. GILMORE CEO 09/24/2009