


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P32980 1. Entity Name BUSINESS GUIDES, INC.	
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Principal Place of Business 3922 COCONUT PALM DR. TAMPA, FL 33619 US	Mailing Address 3922 COCONUT PALM DR TAMPA, FL 33619 US
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04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5628383	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIEDMAN, J. ROGER
STREET ADDRESS	425 PARK AVENUE
CITY- ST- ZIP	NEW YORK, NY
TITLE	S
NAME	RAPUZZI, JOHN
STREET ADDRESS	425 PARK AVENUE
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	D
NAME	KELLY, JAMES
STREET ADDRESS	425 PARK AVENUE
CITY- ST- ZIP	NEW YORK, NY
TITLE	VTD
NAME	MILLS, DANIEL J.
STREET ADDRESS	425 PARK AVENUE
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000359835
05/05/05-80008-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:

 **DANIEL J. MILLS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT / TREAS

Date

4/27/05 212-756-5000

Daytime Phone #