2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000094982

Name:

Address:

City-St-Zip:

LIVIGNE, MICHAEL G

8010 W MCNAB ROAD

N LAUDERDALE, FL 33068

FILED Nov 18, 2005 Secretary of State

Entity Na	me: THE BUS	SINESS SUPERSTORE, INC			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
8010 W M NORTH L	CNAB RD AUDERDALE,	FL 33068			
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
8010 W M NORTH L	CNAB RD AUDERDALE,	FL 33068			
FEI Number	: 65-0772844	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above	CNAB RD AUDERDALE, anamed entity e of Florida.		e purpose of changing its registered	office or registered agent, or both,	
	Electro	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LIVIGNE, GAR 8010 W MCNA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FULCI, CHARL 8010 W MCNA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	VP () Delete	Title:	() Change () Addition	

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

Name: Address:

City-St-Zip:

SIGNATURE: GARY LIVIGNE **CEOD** 11/18/2005