

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053924

Entity Name: BONNIE FLECKNER, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

5360 SOUTH UNIVERSITY DR. SUITE #4
DAVIE, FL 33328

New Principal Place of Business:

5360 SOUTH UNIVERSITY DRIVE
SUITE #4
DAVIE, FL 33328

Current Mailing Address:

5360 SOUTH UNIVERSITY DR. SUITE #4
DAVIE, FL 33328

New Mailing Address:

5360 SOUTH UNIVERSITY DRIVE
SUITE #4
DAVIE, FL 33328

FEI Number: 65-0849400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLECKNER, BONNIE S PRES.
5360 SOUTH UNIVERSITY DR. SUITE #4
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

FLECKNER, BONNIE S PRES.
5360 SOUTH UNIVERSITY DR.
SUITE #4
DAVIE, FL 33328 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: BONNIE FLECKNER

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLECKNER, BONNIE S
Address: 9220 OAK GROVE CIRCLE
City-St-Zip: DAVIE, FL 33328 US

Title: VP () Delete
Name: WOLF, JULIE F
Address: 10445 CANTERBURY COURT
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLECKNER, BONNIE S
Address: 7410 NW 4TH STREET #206
City-St-Zip: PLANTATION, FL 33317 US

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

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.

SIGNATURE: JULIE WOLF

VP

01/14/2008

Electronic Signature of Signing Officer or Director

Date