2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000003437

Entity Name: BUFFALO SOLDIERS MOTORCYCLE CLUB SOUTH FLORIDA INC.

Current Principal Place of Business:

2557 LOCHMORE ROD
WEST PALM, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 713
STUART, FL 34995

New Mailing Address:

FEI Number: 20-8583190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAFT ENTERPRISES INC.
2901 ORANG AVENUE
FORT PIERCE, FL 34950 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HINTON, ROBERT
Address: PO BOX 713
City-St-Zip: STUART, FL 34995

Title: VP ( ) Delete
Name: RHAHEED, I K
Address: PO BOX 713
City-St-Zip: STUART, FL 34995

Title: SEC ( ) Delete
Name: REED, CHERYL
Address: PO BOX 713
City-St-Zip: STUART, FL 34995

Title: TREA ( ) Delete
Name: JENKINS, THERESA
Address: PO BOX 713
City-St-Zip: STUART, FL 34995

Title: SAA ( ) Delete
Name: MACKEY, O
Address: PO BOX 713
City-St-Zip: STUART, FL 34995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: JENKINS, TERESA
Address: PO BOX 713
City-St-Zip: STUART, FL 34995

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

Title: TREA (X) Change ( ) Addition
Name: WHITE, CURTIS
Address: PO BOX 713
City-St-Zip: STUART, FL 34995

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

SIGNATURE: CURTIS D. WHITE TREA 05/01/2009

Electronic Signature of Signing Officer or Director — Date