2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# N05000010479

Entity Name: BUFFALO BILLS BACKERS OF NAPLES, FL., INC.

Current Principal Place of Business:

6017 PINE RIDGE STE 143
NAPLES, FL 34119

New Principal Place of Business:

6017 PINE RIDGE RD-STE 143
NAPLES, FL 34119

Current Mailing Address:

6017 PINE RIDGE RD, STE 143
NAPLES, FL 34119

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERRY, MIKE
6017 PINE RIDGE RD, STE 143
NAPLES, FL 34119 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: V ( ) Delete
Name: MACIEJEWSKI, JAMES J
Address: 6361 PELICAN BAY BLVD. #304
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete
Name: CICERONE, DIANE
Address: 6017 PINE RIDGE RD, STE 143
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete
Name: TERRY, MIKE
Address: 6017 PINE RIDGE RD, STE 143
City-St-Zip: NAPLES, FL 34119

Title: P ( ) Delete
Name: DOLL, RICHARD
Address: 6017 PINE RIDGE RD, STE 143
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: PAWENSKA, CHET
Address: 6017 PINE RIDGE RD, STE 143
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MIKE TERRY T 03/06/2008

Electronic Signature of Signing Officer or Director — Date