2007 FOR PROFIT CORPORATION

May 14, 2007 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P00000041320 JEFF BUCK INC. Principal Place of Business Mailing Address 4844 WILD DOVE LANE **4844 WILD DOVE LANE** SARSOTA, FL 34232 SARSOTA, FL 34232 CR2E034 (11/05) 04252007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1006271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUCK, JEFFREY S DO NOT WRITE 4844 WILD DOVE LANE SARSOTA, FL 34232 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE BUCK, JEFFREY S NAME STREET ADDRESS 4844 WILD DOVE LANE SARSOTA, FL 34232 CITY-ST-ZIP 000000764009 05/30/07-80038-016 150.00 NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this lifting does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 all other like empowered.

SIGNATURE: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPES NING OFFICER OR DIRECTOR

FILED