2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P00000057401 1. Entity Name LITTLE BUFFALO, INC. Principal Place of Business Mailing Address 6899 OLD MELBOURNE HWY 6899 OLD MELBOURNE HWY ST CLOUD FL 34711 ST CLOUD FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 59-3660007 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, SOUTH & DI MASI, P.A. Street Address (P.O. Box Number is Not Acceptable) 2699 LÉE ROAD SUITE 120 WINTER PARK FL 32789 Zip Code City 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 acceptable the obligations of registered agent SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ± After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ____ A.L."" HILE Change TITLE ☐ Delete NAME CRISP, JAMES M NAME U00000311055 04/18/05-80029 006 150.00 6899 OLD MELBOURNE HWY STREET ADDRESS STREET ADDRESS ST CLOUD FL 34711 CITY-ST-ZIP CHY-SI-7P ۷Ď TITLE ☐ Change □ ^ ' ' '' TITLE ☐ Defete NAME CRISP, PATRICIA J NAME STREET ADDRESS 6899 OLD MELBOURNE HWY STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34711 CHY-SI-7P Change Addif THE ☐ Delete title NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Aria * ☐ Delete Ditt MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CHY-ST-ZIP ☐ Change □ * 1.00 THILE ☐ Delete NAME NAME CUREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Addition ☐ Chārige HILE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

atricia de Crisp PATRICIA J. CRISP SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 4-15-05 Date

FILED.

Daytime Phone #