2007 FOR PROFIT CORPORATION

Apr 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000009928 04-18-2007 90191 038 ***150 00 **BUFFALO INVESTMENT & RESEARCH DEVELOPMENT** CORP. Mailing Address Principal Place of Business 4000000 7339 PINE LAKES BLVD 7339 PINE LAKES BLVD PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 43-1953678 Not Applicable Country Zip Zip 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 HUNG, FU TIEN Street Address (P.O. Box Number is Not Acceptable) 1601 LAUREL LEAF LN., #B FT. PIERCE, FL 34950 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE TITLE ☐ Delete Change ☐ Addition HUNG, FU TIEN NAME STREET ADDRESS STREET ADDRESS 1601 LAUREL LEAF LN., #8 CITY-ST-ZIP FT. PIERCE, FL 34950 CITY-ST-ZIP Delete TITLE ■ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Chance Addition TITLE TITLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS

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SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Divition Photos

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