2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002657

FILED Mar 10, 2009 Secretary of State

| Entity Nai | me: BUG*MA | STER, INC. | | | |
|---|---|--------------------------------|---|--|--|
| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
| | PARK DRIVE S A BEACH, FL S | | SUITE 1 | 825 GATEPARK DRIVE SUITE 1 DAYTONA BEACH, FL 32114 | |
| Current M | lailing Addres | s: | New Mailing Addres | New Mailing Address: | |
| P.O. BOX DAYTONA | 211299 ABEACH, FL 3 | 32121 | | | |
| FEI Number: | : 13-4234177 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | Address of C | urrent Registered Agent: | Name and Address of | of New Registered Agent: | |
| | VID M PARK DR, STI A BEACH, FL 3 | | BYRD, DAVID M 825 GATEPARK DR SUITE 1 DAYTONA BEACH, F | L 32114 US | |
| | named entity s e of Florida. | submits this statement for the | e purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: | | | | 03/10/2009 | |
| | Electron | ic Signature of Registered A | gent | Date | |
| Election Car | mpaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DV () BYRD, HAROLI 213 AMERICAN DAYTONA BEA | I WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DPST () BYRD, DAVID N 12 SUNSET BL ORMOND BEAG | VD | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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

SIGNATURE: DAVID M. BYRD Ρ 03/10/2009