
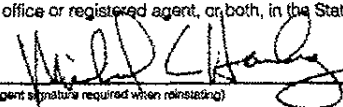
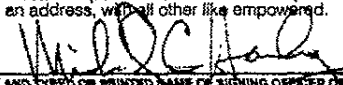


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000064936		
1. Entity Name BUFFALO STAMPEDE, INC.		
Principal Place of Business 268 EGLIN PARKWAY FT. WALTON BEACH, FL 32548 US		Mailing Address 268 EGLIN PARKWAY FT. WALTON BEACH, FL 32548 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HANLEY, MICHAEL C. 3807 CHERRYWOOD COURT NICEVILLE, FL 32578		
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: <u></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE	D	DO NOT WRITE IN THIS SPACE U00000763574 07/19/07-80007-007 150.00
NAME	HANLEY, MICHAEL C	
STREET ADDRESS	3807 CHERRYWOOD COURT	
CITY-ST-ZIP	NICEVILLE, FL 32578	
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CITY-ST-ZIP		
12. I hereby 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.		
SIGNATURE: <u></u>		7/16/07 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		850-863-9464 Daytime Phone #