2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P04000064936 BUFFALO STAMPEDE, INC. Principal Place of Business Mailing Address 268 EGLIN PARKWAY 268 EGLIN PARKWAY FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548 US No Chg-P CR2E034 (11/05) 04222008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1857002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ▢ Fee Required 6. Name and Address of Current Registered Agent HANLEY, MICHAEL C DO NOT WRITE 3807 CHERRYWOOD COURT NICEVILLE, FL 32578 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME HANLEY, MICHAEL C :U000000924974 · STREET ADDRESS 3807 CHERRYWOOD COURT _/05//20/08-80008-001:/150.00 CITY-ST-7IP NICEVILLE, FL 32578 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes it 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 empored to expect this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #