2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057491

Entity Name: BUEME INVESTMENT GROUP, INCORPORATED

FILED Jan 27, 2009 Secretary of State

ORANGE F Current Ma 1857 WELL	S RD., SUITE 223 PARK, FL 32073 Ailing Address: S RD., SUITE 223 PARK, FL 32073	New Mailing	Address:	
1857 WELL	S RD., SUITE 223	New Mailing	Address:	
			New Mailing Address:	
FEI Number:	20-2907863 FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	:: Name and A	ddress of New Registered Agent:	
	CHAEL J S RD., SUITE 223 ARK, FL 32073 US			
The above in the State		the purpose of changing its	registered office or registered agent, or both,	
SIGNATUR	E:			
	Electronic Signature of Registered	Agent	Date	
Election Cam	paign Financing Trust Fund Contribution ().			
OFFICERS	AND DIRECTORS:	ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BUEME, MICHAEL J 1857 WELLS RD., SUITE 223 ORANGE PARK, FL 32073	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete BUEME, MARY C 2432 PEG LEG DR JACKSONVILLE, FL 32224	Address: 2	. (X) Change () Addition BUEME, JOSEPH M 1432 PEG LEG DR ACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	V () Delete BUEME, JOSEPH M JR 3705 ICENI CT MIDDLEBURG, FL 32068	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete MACDONALD, KEITH 11676 HAMRICK PLACE JACKSONVILLE, FL 32223	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete BUEME, GARY 2238 FIX RD GRAND ISLAND, NY 14072	Address: 2	S (X) Change () Addition BUEME, MARY C 1432 PEG LEG ROAD ACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	() Delete	Address: 4	V () Change (X) Addition BUEME, CARL JR -0 WILLOW DRIVE VEST SENECA, NY 142224	

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: JOSEPH M. BUEME T 01/27/2009