## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000037743

Entity Name: RUFFLEBUTTS, INC.

FILED Jan 22, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
600 W. LAS OLAS BLVD. #1303 FORT LAUDERDALE, FL 33312			407 SE 9TH STREET SUITE 101 FORT LAUDERDALE	, FL 33316	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
600 W. LAS OLAS BLVD. #1303 FORT LAUDERDALE, FL 33312			407 SE 9TH STREET SUITE 101 FORT LAUDERDALE		
FEI Number:	: 20-8749302	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SCHAUB, AMBER 600 W. LAS OLAS BLVD. #1303 FORT LAUDERDALE, FL 33312 US			#1303	600 W. LÁS OLAS BLVD.	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				01/22/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SCHAUB, AMB 600 W. LAS O	) Delete ER LAS BLVD. #1303 RDALE, FL 33312	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SCHAUB, AMB 600 W. LAS O	) Delete ER LAS BLVD. #1303 RDALE, FL 33312	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
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Title: Name: Address:	SCHAUB, MAR	) Delete K LAS BLVD. #1303	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: AMBER SCHAUB P/D 01/22/2008

FORT LAUDERDALE, FL 33312

City-St-Zip: