


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT.# P93000016072 1. Entity Name BUFFALO'S OF AMERICA, INC.	
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FILED
Jul 29, 2008 08:00 AM
Secretary of State

Principal Place of Business 139 N. RYAN ST. SANTA ROSA BEACH, FL 32459	Mailing Address 905 EAST FAIRVIEW AVE. MONTGOMERY, AL 36106
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07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2962247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AZAR, NORMAN C 139 N. RYAN ST. SANTA ROSA BEACH, FL 32459	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 *Norman C. Azar* (Norman C. Azar) 7/22/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	AZAR, NORMAN
STREET ADDRESS	139 N. RYAN ST.
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	TD
NAME	MARTIN, MARK
STREET ADDRESS	14529 US 331 SOUTH
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	SD
NAME	KITRELL, GRADY
STREET ADDRESS	68 NORTH RYAN ST
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000956635
 07/29/08-80003-009 558.75

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: *Norman C. Azar* (Norman C. Azar) 7/22/08 334/546/3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #