2006 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** DOCUMENT # P95000056493 Feb 20, 2006 08:00 AN 1. Entity Name **Secretary of State** BUCKLAND, INC. Principal Place of Business Mailing Address 18676 FISHING HAWK LANE 18676 FISHING HAWK LANE LOXAHATCHEE, FL 33470-2536 LOXAHATCHEE, FL 33470-2536 02062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 65-0593027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMPAGNUOLO, JOHN DO NOT WRITE 18676 FISHING HAWK LANE LOXAHATCHEE, FL 33470 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CAMPAGNUOLO, JOHN STREET ADDRESS 18676 FISHING HAWK LANE 00000441316 CITY-ST-ZIP LOXAHATCHEE, FL 33470 U3/113/116-80028-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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

MAGNOLO

SIGNATURE:

CITY-ST-ZIP TITE NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO