
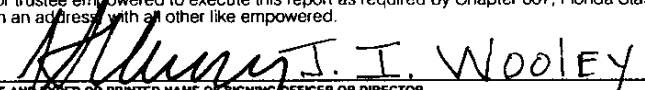


**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90142.046 \*\*\*150.00

<b>DOCUMENT # P95000082117</b>						<b>SECRETARY OF STATE</b> 03-30-2007 90142 046 ***150.00	
1. Entity Name <b>THREE BUCS, INC.</b>							
Principal Place of Business <b>3800 W. HILLSBOROUGH AVE. TAMPA, FL 33614 US</b>				Mailing Address <b>3800 W. HILLSBOROUGH AVE. TAMPA, FL 33614 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>R. JAMES ROBBINS, JR., 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA, FL 33602-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MD WOOLEY, J.I. 3800 W. HILLSBOROUGH AVE. TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		'PD WOOLEY, J. I. 3800 W. HILLSBOROUGH AVE TAMPA, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MD SALHANY, RONALD M. 871 ROYAL BIRKDALE DR TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPD SALHANY, RONALD M. 973 ROYAL BIRKDALE DR TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MD COLE, JAMES W 2906 BUSCH LAKES BLVD TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD COLE, JAMES W 2906 BUSCH LAKES BLVD TAMPA, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				3/14/07 (813) 865-8000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			