2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2006 08:00 AN Secretary of State

DOCUMENT # P97000 1. Entity Name BUFFER, INC.	0008274	
Principal Place of Business	Mailing Address	
11304 DONNEYMOOR DRIVE RIVERVIEW, FL 33569	11304 DONNEYMOOR DRIVE RIVERVIEW, FL 33569	

06152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3428249 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HORTON, ELIZABETH M 11304 DONNEYMOOR DRIVE RIVERVIEW, FL 33569 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. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE HORTON, ELIZABETH M NAME STREET ADDRESS 11304 DONNEYMOOR DRIVE CITY - ST - ZIP RIVERVIEW, FL 33569 U00000570598 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP--TITLE NAME STREET ADDRESS CHY-ST-ZIP 4 . . eqt. . .

12. Thereby 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 aptdress with all the empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-06 813-671-315°