


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 030 ***150.00

DOCUMENT # P97000089525	
1. Entity Name THE BUXTON GROUP, INC.	

Principal Place of Business 2516 34TH STREET S SAINT PETERSBURG, FL 33711	Mailing Address PO BOX 14443 ST. PETERSBURG, FL 33733
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2. Principal Place of Business - No P.O. Box # 7380 Sand Lake Rd	3. Mailing Address 7380 Sand Lake Rd
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Orlando, FL	City & State Orlando, FL
Zip 32819	Country US

04292008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3484094	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **PM \$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME BUXTON, K.P.	
STREET ADDRESS 8075 MALL PARKWAY #101-362	
CITY-ST-ZIP LITHONIA, GA 30038	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Buxton, K.P.	
STREET ADDRESS 7380 Sand Lake Rd	
CITY-ST-ZIP Orlando, FL 32819	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *5/11* **28 Apr 08** **727 735 5909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #