2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 08:00 AM Secretary of State DOCUMENT # P98000060845 1. Entity Name BUZZ CITY, INC. Principal Place of Business Mailing Address 3950 SAYWOOD COURT 3950 SAYWOOD COURT PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 04212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3521946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELOACH, DENNIS R JR. DO NOT WRITE 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772 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. aqama SIGNATURE (NOTE, Registered Agent signature required when reinstalling) 9. Election Campaign Finaricing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000363451 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 05/05/05-80155-018 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME VARANAY, KAREN STREET ADDRESS 3950 SAYWOOD COURT CITY-ST-ZIP PALM HARBOR, FL 34685 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

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 cytrustee 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: