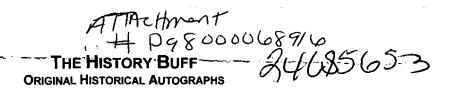
2004 FOR PROFIT CORPORATION

FILED Sep 17, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P98000068916 1. Entity Name 09-17-2004 90006 003 ***150.00 THE HISTORY BUFF, INC. Principal Place of Business Mailing Address 205 WORTH AVENUE 32 VIA PALA BEACH PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 205 Worth Same AVENU P Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (4/04) 4. FEI Number City & State Applied For 65-0858942 Beach Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRALEY, ELWIN Street Address (P.O. Box Number is Not Acceptable) 32 VIA MIZNER PALM BEACH FL 33480 City 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, typed or printed firme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing **\$5.00** May Be DUE BY September 8, 2004. late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME FRALEY, ELWIN E M.D. NAME 32 VIA MIZNER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH FL 33480 CITY-ST-ZIP ☐ Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP O ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 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.

Date

Daytime Phone #



To Whom It May Concern:

Enclosed please find the annual report with necessary changes, and the \$150 filing fee. I am requesting a wavier of \$400 late fee as my office was in the path of Hurricane Frances and was closed from September 2 when evacuated, and I was unable to return until yesterday, September 13. Many thanks for understanding during these difficult times.

Cordially, Ewhly Elwin Fraley