


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90021 001 ***150.00

DOCUMENT # P98000068916	
1. Entity Name THE HISTORY BUFF, INC.	

Principal Place of Business 205 WORTH AVENUE 316 PALM BEACH, FL 33480	Mailing Address 205 WORTH AVENUE 316 PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box # 3360 S. Ocean Blvd.	3. Mailing Address 3360 S. Ocean Blvd.
Suite, Apt. #, etc. S-G-N	Suite, Apt. #, etc. S-G-N
City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Country PA

6. Name and Address of Current Registered Agent FRALEY, ELWIN 32 VIA MIZNER PALM BEACH, FL 33480 <i>Above</i>	
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40000000



0112008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0858942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		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	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRALEY, ELWIN E M.D. 32 VIA MIZNER PALM BEACH, FL 33480 <i>Above</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/16/08 561-540-2659 <small>Date Daytime Phone #</small>