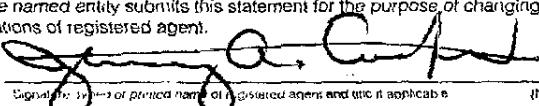


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                         |                                 |                                                               |                                                                                                                        |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P98000078824</b>                                                                                                                                                                                                |                         |                                 |                                                               |                                       |                                                                   |
| 1. Entity Name<br><b>BUCKAWOLV, INC.</b>                                                                                                                                                                                      |                         |                                 |                                                               |                                                                                                                        |                                                                   |
| Principal Place of Business<br><b>38 GARDEN DRIVE<br/>DELAND FL 32724</b>                                                                                                                                                     |                         |                                 | Mailing Address<br><b>38 GARDEN DRIVE<br/>DELAND FL 32724</b> |                                                                                                                        |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                |                         |                                 | 3. Mailing Address                                            |                                                                                                                        |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                         |                                 | Suite, Apt. #, etc.                                           |                                                                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                  |                         |                                 | City & State                                                  |                                                                                                                        |                                                                   |
| Zip                                                                                                                                                                                                                           | Country                 | Zip                             | Country                                                       | 4. FEI Number <b>59-3532460</b>                                                                                        |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                         |                                 |                                                               | Applied For<br>Not Applicable                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>COOPER, JEREMY A<br/>38 GARDEN DRIVE<br/>DELAND FL 32724</b>                                                                                                        |                         |                                 |                                                               | 7. Name and Address of New Registered Agent                                                                            |                                                                   |
| Name                                                                                                                                                                                                                          |                         |                                 |                                                               | Name                                                                                                                   |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                            |                         |                                 |                                                               | Street Address (P.O. Box Number is Not Acceptable)                                                                     |                                                                   |
| City                                                                                                                                                                                                                          |                         |                                 |                                                               | City                                                                                                                   |                                                                   |
| State                                                                                                                                                                                                                         |                         |                                 |                                                               | State                                                                                                                  |                                                                   |
| Zip Code                                                                                                                                                                                                                      |                         |                                 |                                                               | 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                                                                                                                                  |                         |                                 |                                                               | DATE <b>4/19/06</b>                                                                                                    |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                         |                                 |                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                         | D                       | <input type="checkbox"/> Delete | TITLE                                                         |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | <b>COOPER, JEREMY A</b> |                                 | NAME                                                          |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                | <b>38 GARDEN DRIVE</b>  |                                 | STREET ADDRESS                                                |                                                                                                                        |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                 | <b>DELAND FL 32724</b>  |                                 | CITY- ST- ZIP                                                 |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                         | D                       | <input type="checkbox"/> Delete | TITLE                                                         |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | <b>MARSHALL, MARY J</b> |                                 | NAME                                                          |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                | <b>38 GARDEN DRIVE</b>  |                                 | STREET ADDRESS                                                |                                                                                                                        |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                 | <b>DELAND FL 32724</b>  |                                 | CITY- ST- ZIP                                                 |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                         |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                          |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                |                                                                                                                        |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                 |                         |                                 | CITY- ST- ZIP                                                 |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                         |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                          |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                |                                                                                                                        |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                 |                         |                                 | CITY- ST- ZIP                                                 |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                         |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                          |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                |                                                                                                                        |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                 |                         |                                 | CITY- ST- ZIP                                                 |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete | TITLE                                                         |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          |                         |                                 | NAME                                                          |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 | STREET ADDRESS                                                |                                                                                                                        |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                 |                         |                                 | CITY- ST- ZIP                                                 |                                                                                                                        |                                                                   |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3532460**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

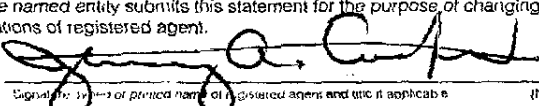
Name

Street Address (P.O. Box Number is Not Acceptable)

City

State **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 

DATE **4/19/06**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**U00000525457**  
**05/04/06-80034-025 150.00**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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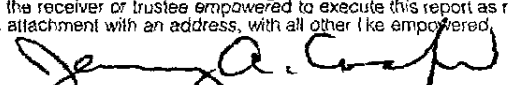
NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered.

SIGNATURE:  **PRESIDENT** **4/19/06 (386) 738-7500**