2007 FOR PROFIT CORPORATION

Jan 18, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000100494 BUCKEYE INVESTMENTS, INC. Principal Place of Business Mailing Address PO BOX 199 PO BOX 199 TAVERNIER, FL 33070 TAVERNIER, FL. 33070 TO SERVICE TO THE PROPERTY OF 01062007 No Cha-P CR2E034 (11/05) Applied For 65-0889285 Not Applicable ng paga a ang biga pagabigang na pakada ang mela pagabigan kalang mang berati na pagabigan pagabigan sa pak \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ERSKINE, LARRY DO NOT WRITE 31211 AVE A BIG PINE KEY, FL 33043 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE an dan dan dari dan penggapan dan dan dan dan dan dan dan dari dan dari dan dari dan dari dari dari dari dari d NAME O'NEILL, BRIAN STREET ADDRESS PO BOX 199 CITY-ST-ZIP TAVERNIER, FL 33043 IINAAAA 848 TITLE 01/19/07-80041-001 150:00 NAME O'NEIL, SUZANNE P And the state of t STREET ADDRESS **PO BOX 199** CITY-ST-ZIE TAVERNIER, FL 33043 TITLE alan kanan jangan dan salah pelangan dan berakan dan berakan berakan berakan berakan berakan berakan berakan b NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME pisking yang sampan sampan ka STREET ADDRESS e na vaje, die jen om stiffermetiere die stiffe stie sammer obt tim sich schliebe ich CITY-ST-ZIP TITLE ode ougrafie propiet de la company de la NAME

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 fequired 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 ampowered.

SAN O'NEGI

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7P

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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