2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # J48269** 01-16-2007 90219 026 ***150.00 1. Entity Name MIZNERS COURT, INC. Principal Place of Business Mailing Address 855 S. FEDERAL HIGHWAY 60001694 855 S. FEDERAL HIGHWAY **SUITE #113** SUITE #113 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1801 ClintMoore Road 801 ClintMoore Road Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01042007 Chg-P 200 #200 City & State Boca Raton, City & State Boca Raton, 4. FEI Number Applied For FL59-2839694 Not Applicable Country Country \$8.75 Additional 33487-2752 5. Certificate of Status Desired 33487-2752 Palm Beach Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICINICH, KENNETH Street Address (P.O. Box Number is Not Acceptable) 855 S. FEDERAL HWY. 801 ClintMoore Road, **SUITE 113** BOCA RATON, FL 33432 Suite 200 Zip Code 33487 - 2752 Boca Raton, t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subsity the obligations of regist Kenneth Picinich, Pres. 1/11/07 and redistered agent and title if applicable SIGNATURE (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition P TITLE THE ☐ Delete PICINICH, KENNETH NAME NAME STREET ADDRESS 1801 ClintMoore Road, Suite 200 Boca Raton, FL 33487-2752 855 S. FEDERAL HIGHWAY, #113 STREET ADDRESS CITY-ST-ZIP Boca Raton, FL BOCA RATON, FL: 33432 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE PICINICH, THERESA NAME NAME 1675 N.W. 4TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL Delete TITLE Change ☐ Addition TITLE 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 reports 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 true employered 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:

Kenneth Picinich, Pres NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 561-750-3611

FILED