
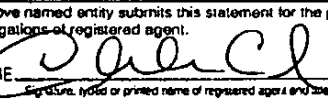
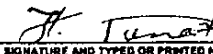


FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 043 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J49947 1. Entity Name M.A.A. ENTERPRISES, INC.			
Principal Place of Business 6407 MUIRTIELLO DR. GREENSBORO, NC 27410		Mailing Address 6407 MUIRTIELLO DR. GREENSBORO, NC 27410	
2. Principal Place of Business - No P.O. Box # 777 West Lancaster Rd. Suite, Apt. #, etc. Apt. # A-1 City & State Orlando, FL Zip 32809 Country US		3. Mailing Address 6407 Muirfield Dr. Suite, Apt. #, etc. City & State Greensboro, NC Zip 27410 Country US	
5042007 Chg-P CR2E034 (12/06)		4. FEI Number 59-2772774 Applied For Not Applicable	
5. Certificate of Status Desired, <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANGELL, PATRICIA W 836 E. INDIANA AVE DELAND, FL 32724		7. Name and Address of New Registered Agent Name Deborah Calo Street Address (P.O. Box Number is Not Acceptable) 189 Jamaica Lane City Orlando FL Zip Code 32809	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAO, HANS 6407 MUIRTIELLO DR. GREENSBORO, NC 27410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAO, HANS 6407 Muirfield Dr. Greensboro, NC 27410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6-1-07 336-638 6065 Date " 684 6821	

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # J49947

1. Entity Name
M.A.A. ENTERPRISES, INC.



Principal Place of Business
6407 MUIRTIELO DR.
GREENSBORO, NC 27410

Mailing Address
6407 MUIRTIELO DR.
GREENSBORO, NC 27410

2. Principal Place of Business - No P.O. Box #
777 W. Lancaster Rd.
Suite, Apt. #, etc.
A-1

3. Mailing Address
777 W. Lancaster Rd.
Suite, Apt. #, etc.
A-1

04232007 Chg-P CR2E034 (12/06)

City & State
Orlando, FL.
Zip
32809
Country
USA

City & State
Orlando FL.
Zip
32809
Country
USA

4. FEI Number
59-2772774

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELL, PATRICIA W
836 E. INDIANA AVE
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name
Deborah Celo
Street Address (P.O. Box Number is Not Acceptable)
189 Janitoria Lane
City
Orlando FL Zip Code
32809

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVTD	<input type="checkbox"/> Delete
NAME	POURAO, HANS	
STREET ADDRESS	6407 MUIRTIELO DR.	
CITY-ST-ZIP	GREENSBORO, NC 27410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

HL Pourao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

407-852 9206

Daytime Phone #
336-638 6065