
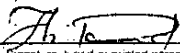
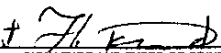


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90256 026 ***150.00

DOCUMENT # J49947 1. Entity Name M.A.A. ENTERPRISES, INC.					
Principal Place of Business 777 WEST LANCASTER RD APT # A-1 ORLANDO, FL 32809			Mailing Address 6407 MUIRFIELD DR GREENSBORO, NC 27410		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2772774	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CALO, DEBORAH 189 JAMAICA LANE ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name: POURAD HANS Street Address (P.O. Box Number is Not Acceptable) 777 West Lancaster Rd Apt A-1 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: 4/15/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	PVTD POURAD, HANS 6407 MUIRFIELD DR GREENSBORO, NC 27410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAD, HANS 777 West Lancaster Rd. Apt A-1 Orlando, Florida 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAD, HANS 777 West Lancaster Rd. Apt A-1 Orlando, Florida 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAD, HANS 777 West Lancaster Rd. Apt A-1 Orlando, Florida 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAD, HANS 777 West Lancaster Rd. Apt A-1 Orlando, Florida 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAD, HANS 777 West Lancaster Rd. Apt A-1 Orlando, Florida 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD POURAD, HANS 777 West Lancaster Rd. Apt A-1 Orlando, Florida 32809	<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:  DATE: 4/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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05012008 Chg-P CR2E034 (12/06)