2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J77398

Entity Name: MASQUERADE, INC.

FILED Jan 04, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|----------------------------------|---|--------------------------------------|
| 695 NORTH AVE. N.E. ATLANTA, GA 30308 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 695 NORTH AVE. N.E. ATLANTA, GA 30308 | | | |
| FEI Number: 59-2817070 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MCNAMARA, BRIAN 695 NORTH AVE. NE ATLANTA, FL 30308 | US | | |
| The above named entity in the State of Florida. | submits this statement for the p | urpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electro | onic Signature of Registered Age | ent | Date |

OFFICERS AND DIRECTORS:

Title:

Name: RIOPELLE, DEAN A Address: 14325 HOPEWELL RD City-St-Zip: MILTON, GA 30004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEAN RIOPELLE D 01/04/2012