2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093186

Entity Name: A2Z FRANCHISING, LLC

City-St-Zip:

BONITA SPRINGS, FL 34134

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4128 OLDE MEADOWBROOK LANE BONITA SPRINGS, FL 34134 **Current Mailing Address: New Mailing Address:** 4128 OLDE MEADOWBROOK LANE BONITA SPRINGS, FL 34134 FEI Number: 51-0603950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SPIEGEL & UTRERA, P.A. KIMMEL, TERRI E MGR 1840 SW 22ND ST. 4128 OLDE MEADOWBROOK LN 4TH FLOOR BONITA SPRINGS, FL 34134 MIAMI, FL 33145 US 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. SIGNATURE: TERRI E KIMMEL 04/30/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KIMMEL, DOUGLASS Name: Name: 4128 OLDE MEADOWBROOK LANE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KIMMEL, TERRI Name: Address: 4128 OLDE MEADOWBROOK LANE Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition KIMMEL, DOUGLASS Name: Name: 4128 OLDE MEADOWBROOK LANE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIMMEL, TERRI Name: 4128 OLDE MEADOWBROOK LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: DOUGLASS KIMMEL MR 04/30/2007