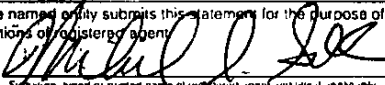
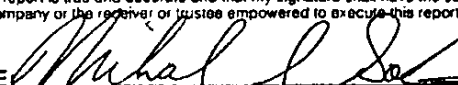


2008 LIMITED LIABILITY COMPANY, ANNUAL REPORT

3/

FILED
Apr 17, 2008 8:00 am
Secretary of State

03-19-2008 90145 035 ***138.75

DOCUMENT # L07000110645					
1. Entity Name MAS ENERGY, LLC					
Principal Place of Business 434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095			Mailing Address 434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095		
2. Principal Place of Business - No P.O. Box # 340 PASCO REYES DR.		3. Mailing Address 340 PASCO REYES DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03032008 Chg-LLC CR2E083 (12/06)	
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL		4. FEI Number 26-1352632	
Zip 32095		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MAS GLOBAL, INC. 434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 4/8/08 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MAS GLOBAL, INC. 434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
11. 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 is true and accurate and that my 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.					
SIGNATURE 			Date _____ Daytime Phone # _____		