2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# M87511

Entity Name: AZUVI, INC.

Current Principal Place of Business:

13291 VANTAGE WAY
STE 103
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

13291 VANTAGE WAY
STE 103
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-2896487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAX CO.
C/0 BARBARA C. JOHNSTON
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

RAX CO.
C/0 LISA A. PURVIS
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 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: _____ 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: BON AVALLANA, ESTEBAN
Address: 12540 VILLAREAL
City-St-Zip: AVADADE ITALIA 58 SPAIN, SP SPAIN

Title: AS ( ) Delete
Name: HALVERSON, ERIC T
Address: 12540 VILLAREAL
City-St-Zip: AVADADE ITALIA 58 SPAIN, SP SPAIN

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: BOU AVELLANA, ESTEBAN
Address: AVDA. ITALIA 58
City-St-Zip: VILLARREAL, SPAIN, SP 12550 SP

Title: AS (X) Change ( ) Addition
Name: HALVERSON, ERIC T
Address: AVDA. ITALIA 58
City-St-Zip: VILLARREAL, SPAIN, SP 12550 SP

Title: VP ( ) Change (X) Addition
Name: PLOCH, MATTHIAS
Address: AVDA. ITALIA 58
City-St-Zip: VILLARREAL, SPAIN, SP 12550 SP

Title: COO ( ) Change (X) Addition
Name: BEA, VICENTE
Address: AVDA. ITALIA 58
City-St-Zip: VILLARREAL, SPAIN, SP 12550 SP

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 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 an address, with all other like empowered.

SIGNATURE: ESTEBAN BOU AVELLANA P 04/27/2007
Electronic Signature of Signing Officer or Director — Date