
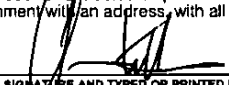


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90063 049 ***150.00

DOCUMENT # M96362 1. Entity Name AZA VENTURES II, INC.																																					
Principal Place of Business 4205 WEST ATLANTIC AVE SUITE 201 DELRAY BEACH, FL 33445 US		Mailing Address 4205 WEST ATLANTIC AVE SUITE 201 DELRAY BEACH, FL 33445 US																																			
2. Principal Place of Business - No P.O. Box # 2400 High Ridge Road Suite, Apt. #, etc. Suite 102		3. Mailing Address 2400 High Ridge Road Suite, Apt. #, etc. Suite 102																																			
City & State Boynton Beach, FL Zip 33426 Country USA		City & State Boynton Beach, FL Zip 33426 Country USA																																			
4. FEI Number 65-0071324		Applied For <input type="checkbox"/> Not Applicable																																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent SUTTIN, EUGENE N 4205 WEST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name (Same) Suttin, Eugene N. Street Address (P.O. Box Number is Not Acceptable) 2400 High Ridge Rd, Suite 102 City Boynton Beach FL Zip Code 33426																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PSTD SUTTIN, EUGENE 4205 WEST ATLANTIC AVENUE, SUITE 201 DELRAY BEACH, FL 33445 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SUTTIN, EUGENE 4205 WEST ATLANTIC AVENUE, SUITE 201 DELRAY BEACH, FL 33445		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 High Ridge Rd, Suite 102 Boynton Beach, FL 33426 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 High Ridge Rd, Suite 102 Boynton Beach, FL 33426														
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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:  Eugene N. Suttin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/2/08 561-424-9393(x2) <small>Date Daytime Phone #</small>																																			