2007 FOR PROFIT CORPORATION

May 04, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P02000120287** 1. Entity Name MBRANDS, INC. Principal Place of Business Mailing Address 240 SW 159 LANE 240 SW 159 LANE FORT LAUDERDALE, FL 33326 FORT LAUDERDALE, FL. 33326 No Chg-P 04052007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1030182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREDERICKS, MICHAEL I DO NOT WRITE 240 SW 159 LANE SUNRISE, FL 33326 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable. DATE U000000762372 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees 05/29/07-80004-011 150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE FREDERICKS, MICHAEL I NAME STREET ADDRESS 240 SW 159 LANE SUNRISE, FL 33326 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby 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 empewered 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 appears with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED