

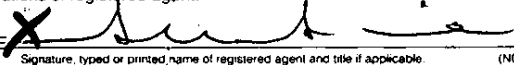



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90019 018 ***150.00

DOCUMENT # P03000094772 1. Entity Name ABLAZE ENTERTAINMENT, INC					
Principal Place of Business 11276 OLYMPIC CIRCLE WEST PALM BEACH, FL 33413			Mailing Address 11276 OLYMPIC CIRCLE WEST PALM BEACH, FL 33413		
2. Principal Place of Business - No P.O. Box # 860 NE 212TH TERRACE APT. 3		3. Mailing Address 860 NE 212TH TERRACE APT. 3			
Suite, Apt. #, etc. APT. 3		Suite, Apt. #, etc. APT. 3		04182007 Chg-P CR2E034 (12/06)	
City & State NORTH MIAMI BEACH FL		City & State NORTH MIAMI BEACH FL		4. FEI Number 52-2421158	
Zip 33179		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCIME, ALIX CEO 1276 OLYMPIC CIRCLE WEST PALM BEACH, FL 33413				7. Name and Address of New Registered Agent 860 NE 212TH TERRACE - APT 3 NORTH MIAMI BEACH FL 33179	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 4/19/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ACCIME, ULTHA 1276 OLYMPIC CIRCLE WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	860 NE 212TH TERRACE APT 3 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP ACCIME, ALIX 1276 OLYMPIC CIRCLE WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	860 NE 212TH TERRACE APT. 3 NORTH MIAMI BEACH - FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ALIX ACCIME APR 19 2007 796-4867. <small>Date Daytime Phone #</small>		