2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026163

City-St-Zip:

AVENTURA, FL 33180 US

FILED Jan 31, 2007 Secretary of State

| Entity Name: AUDIOT | OOLS, INC. | | | | |
|--|---|---|---|--|--|
| Current Principal Place of Business: | | New Princi | New Principal Place of Business: | | |
| 17831 BISCAYNE BLVE AVENTURA, FL 33160 |). | | | | |
| Current Mailing Address: | | New Mailin | New Mailing Address: | | |
| 17831 BISCAYNE BLVE AVENTURA, FL 33160 | | | | | |
| FEI Number: 20-0703004 | FEI Number Applied For () | FEI Number Not Applie | cable () Certificate of Status Desired () | | |
| Name and Address of | Current Registered Agent: | Name and | Address of New Registered Agent: | | |
| MOZES, ISTVAN 17831 BISCAYNE BLVE AVENTURA, FL 33160 | | | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its | s registered office or registered agent, or both, | | |
| SIGNATURE: | | | | | |
| Electronic Signature of Registered Agent | | ent | Date | | |
| Election Campaign Financii | ng Trust Fund Contribution (). | | | | |
| OFFICERS AND DIREC | CTORS: | ADDITIONS | S/CHANGES TO OFFICERS AND DIRECTOR | | |
| Name: WINTER, LIZA Address: RUS: NEWTO |) Delete A N PRADO, 97 AP. 51 BRAZII. SP 01127-000 | Title: Name: Address: City-St-Zin: | P (X) Change () Addition WINTER, LIZA RUA NEWTON PRADO, 97 AP. 51 SAO PAULO BRAZIL SP. 01127-000 | | |

Title: () Delete Title: (X) Change () Addition WINTER, SHRAGA WINTER, SHRAGA Name: Name: Address: RUS: NEWTON PRADO, 97 AP. 51 Address: RUA NEWTON PRADO, 97 AP. 51 SAO PAULO, BRAZIL, SP 01127-000 SAO PAULO, BRAZIL, SP 01127-000 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: MOZES, ISTVAN Name: Address: 21205 YACHT CLUB DRIVE, #1604 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: ISTVAN MOZES T 01/31/2007