


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90021 009 ***150.00

DOCUMENT # P04000169892

1. Entity Name
WAZZABI, INC.



Principal Place of Business
**1408 GAY ROAD
 WINTER PARK, FL 32789**

Mailing Address
**1408 GAY ROAD
 WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE

40110447



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2061163

Applied For
 Not Applicable

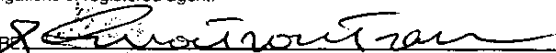
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRAN, QUOC T
 2075 JEWEL AVENUE
 WINTER PARK, FL 32789**

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

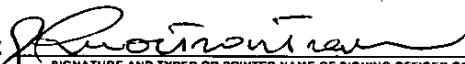
10: OFFICERS AND DIRECTORS

TITLE	P
NAME	TRAN, QUOC
STREET ADDRESS	1408 GAY ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	SECRETARY
NAME	HAUNG DO TRAN
STREET ADDRESS	1408 GAY ROAD
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____