2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000012733

Entity Name: FUSION LIQUOR, INC

FILED Sep 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9280 W. COMMERCIAL BLVD SUITE 5

SUNRISE, FL 33351

New Mailing Address: Current Mailing Address:

9280 W. COMMERCIAL BLVD SUITE 5 SUNRISE, FL 33351

FEI Number: 20-2221576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOHAN, BURT 3751 NW 115 AVENUE CORAL SPRINGS, FL 33065 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SOHAN, PETTIULA RAMNARASE, MAHABIR Name: Name: 9280 W COMMERCIAL BLVD 9280 W COMMERCIAL BLVD Address: Address:

City-St-Zip: SUNRISE FL City-St-Zip: SUNRISE, FL

() Delete Title: Title: (X) Change () Addition

Name: SOHAN, BURT Name: SOHAN, BURT 3751 NW 115 AVE 186 NW 108 Address: Address: CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip:

(X) Delete Title: Title: () Change () Addition

RAMNARASE, MAHABIR Name: Name: 8750 NW 27TH AVENUE Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

SOODEEN, DINESH Name: Name: Address: 9280 W. COMMERCIAL BLVD Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

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.

SIGNATURE: BURT SOHAN S 09/15/2006