2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000110735

Entity Name: FUSION LIQUOR II INC.

FILED Jun 14, 2006 Secretary of State

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

10311 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

10311 ROYAL PALM BLVD CORAL SPRINGS, FL 3365

FEI Number: 20-3289578 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 SOHAN, PETER

3751 NORTH WEST 115TH AVENUE 3751 NORTH WEST 115TH AVENUE CORAL SPRINGS, FL 33065 US 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: PETER SOHAN 06/14/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: () Change () Addition

 Name:
 RAMNARASE, MAHABIR
 Name:

 Address:
 8750 NW 27 TH PLACE
 Address:

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:

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

 Name:
 SOHAN, BURT
 Name:
 SOHAN, PETER

 Address:
 3751 NW 115 TH AVE
 Address:
 3751 NW 115 TH AVE

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 CORAL SPRINGS, FL 33065

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

 Name:
 SOHAN, PETTIULA
 Name:
 SOHAN, BURT

 Address:
 3751 NW 115 TH AVE
 Address:
 3751 NW 115 TH AVE

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 CORAL SPRINGS, FL 33065

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: PETER SOHAN P 06/14/2006