2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037480

Title:

Name:

Address:

City-St-Zip:

SEC

() Delete

139 SPARROW DRIVE, SUITE 1E

ROYAL PALM BEACH, FL 33411 US

GAZZILLO, NICHOLAS F

Entity Name: GAZZILLO TECHNOLOGIES, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 139 SPARROW DRIVE 1E ROYAL PALM BEACH, FL 33411 US **New Mailing Address: Current Mailing Address:** 139 SPARROW DRIVE ROYAL PALM BEACH, FL 33411 US FEI Number: 56-2568314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAZZILLO, STEPHEN J 139 SPARROW DRIVE ROYAL PALM BEACH, FL 33411 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GAZZILLO, STEPHEN J Name: Name: 139 SPARROW DRIVE, SUITE 1E Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: GAZZILLO, NICHOLAS F Name: 139 SPARROW DRIVE, SUITE 1E Address: Address: ROYAL PALM BEACH, FL 33411 US City-St-Zip: City-St-Zip: () Delete Title: Title: TRES () Change () Addition GAZZILLO, STEPHEN J Name: Name: 139 SPARROW DRIVE, SUITE 1E Address: Address: ROYAL PALM BEACH, FL 33411 US City-St-Zip: City-St-Zip:

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN J. GAZZILLO MR 04/25/2007

() Change () Addition