2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058494

Entity Name: WAIZER, INC.

FILED Jan 04, 2008 Secretary of State

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|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|--|
| | rrent Principal Place of Business: | | New Principal Place of Business: | |
| 1900 VAN BUREN #405B | ST | | | |
| HOLLYWOOD, FL | 33020 US | | | |
| Current Mailing A | ddress: | New Mailin | g Address: | |
| 1900 VAN BUREN #405B | ST | | | |
| HOLLYWOOD, FL | 33020 US | | | |
| FEI Number: 20-47603 | 04 FEI Number App | olied For () FEI Number Not Applic | able () Certificate of Status Desired () | |
| Name and Addres | s of Current Registe | red Agent: Name and A | Address of New Registered Agent: | |
| WAIZER, DAVID 1900 VAN BUREN #405B HOLLYWOOD, FL | 33020 US | | | |
| in the State of Florid | | ement for the purpose of changing its | registered office or registered agent, or both, | |
| in the State of Florions | da. Í | | | |
| in the State of Florion SIGNATURE:EI | | Registered Agent | registered office or registered agent, or both, Date | |
| in the State of Florion SIGNATURE:EI | da. É ectronic Signature of F nancing Trust Fund Conti | Registered Agent | | |
| in the State of Florid SIGNATURE: Election Campaign Fin OFFICERS AND D Title: PD Name: WAIZER Address: 1900 VA | ectronic Signature of F nancing Trust Fund Conti DIRECTORS: () Delete | Registered Agent | Date | |

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.

SIGNATURE: DAVID WAIZER PD 01/04/2008