2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P06000126141 04-09-2007 90090 040 ***150.00 MASTER INSTRUMENTS, INC. Principal Place of Business Mailing Address 2310 NORTHWEST 55TH COURT 2310 NORTHWEST 55TH COURT SUITE 135 SUITE 135 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 61-1510934 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert Hill HILL, NATALIE M Street Address (P.O. Box Number is Not Acceptable) 2310 Northwest 55th, Court 2310 NORTHWEST 55TH COURT **SUITE 135** FORT LAUDERDALE, FL 33309 Suite 135 City Zip Code Fort Lauderdale 33309 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Р TITLE ☐ Delete TITLE Addition D Change HILL, ROBERT B NAME NAME Hill, Natalie M 2310 NORTHWEST 55TH COURT STREET ADDRESS STREET ADDRESS 2310 Northwest 55th Court, Fort Lauderdale, FL 33309 Suite 135 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF City-ST-ZiP TITLE ☐ Delete TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

CICMATHDE.

Robert B. Hill

April 04,2007 954-735

FILED