2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 29, 2007 8:00 am Secretary of State DOCUMENT # P06000150600 05-29-2007 90043 018 ***158.75 THINKHAT STUDIOS, INC. Principal Place of Business Mailing Address 20921 SW 121 AVE 20921 SW 121 AVE MIAMI, FL 33177 MIAMI, FL 33177 2. Principal Place of Business - No P.O. Box # 20921 SW 121st AVENUE 3. Mailing Address 121ST AVENUE 20921 SN Suite, Apt. #, etc. Suite, Apt. #, etc. 05242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Minni FLORIDA MIAMILIFLORIDA 20-8028927 Not Applicable Country USA Zip Zip \$8.75 Additional 5. Certificate of Status Desired 3317 USA 331<u>77</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKETING K.B. MARKETING SOLUTIONS, CO. Street Address (P.O. Box Number is Not Acceptable 14750 NW 77 CT #315 MIAMI LAKES, FL 33016 Zip Code つろし 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 SIGNATUR gent and tite if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CANTILLO, SANTIAGO J NAME 20921 SW 121 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL. 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CANTILLO, SANTIAGO J NAME STREET ADDRESS 20921 SW 121 AVE STREET ADDRESS MIAMI, FL 33177 CITY-ST-7IP CITY-ST-71P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tm £ ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. SIGNATURE:

FILED