2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

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Entity Name: PETZOFF INTERNATIONAL, INC.

Current Principal Place of Business:

9831 NONACREST DRIVE
ORLANDO, FL 32832 US

New Principal Place of Business:

6427 MILNER BLVD.
SUITE 2
ORLANDO, FL 32809 US

Current Mailing Address:

9831 NONACREST DRIVE
ORLANDO, FL 32832 US

New Mailing Address:

6427 MILNER BLVD.
SUITE 2
ORLANDO, FL 32809 US

FEI Number: 22-3971160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: DOWNS, JEREMIAH
Address: 9831 NONACREST DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: DV ( ) Delete
Name: BERGER, CHRISTOPHER
Address: 9831 NONACREST DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: DV ( ) Delete
Name: OLARTE, STIVEN
Address: 9831 NONACREST DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: DS ( ) Delete
Name: LWIN, MICHAEL
Address: 9831 NONACREST DRIVE
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: DOWNS, JEREMIAH
Address: 6427 MILNER BLVD. SUITE 2
City-St-Zip: ORLANDO, FL 32809

Title: DP (X) Change ( ) Addition
Name: LWIN, MICHAEL
Address: 6427 MILNER BLVD. SUITE 2
City-St-Zip: ORLANDO, FL 32809

Title: DT (X) Change ( ) Addition
Name: OLARTE, STIVEN
Address: 6427 MILNER BLVD. SUITE 2
City-St-Zip: ORLANDO, FL 32809

Title: DV (X) Change ( ) Addition
Name: AMABILE, LUIS
Address: 6427 MILNER BLVD. SUITE 2
City-St-Zip: ORLANDO, FL 32809

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: MICHAEL LWIN DP 03/24/2009

Electronic Signature of Signing Officer or Director — Date