2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 🛬

Aug 19, 2008 8:00 am Secretary of State **DOCUMENT # P07000121366** 1. Entity Name 08-19-2008 90004 011 ***150.00 PETAZZ, INC. Principal Place of Business Mailing Address 40113000 1508 TALISKER DR. 1508 TALISKER DR. CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05212008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 51-0656291 Not Applicable Zip Zip Country Country \$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 Petkovsek, Karin PETKOVSEK, KARIN C Street Address (P.O. Box Number is Not Acceptable) 4401 DYLAN LOOP **UNIT 164** LAND O LAKES, FL 34639 1508 Talisker Drive 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. FILE NOWI!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITE Change ☐ Addition Karin Petkovsek PETKOVSEK, KARIN C NAME NAME 508 Talisker Drive STREET ADDRESS 4401 DYLAN LOOP, UNIT 164 STREET ADDRESS Clearwater, FL 33755 CITY-ST-ZIP LAND O LAKES, FL 34639 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Addition Giancarlo Randazzo 1508 Talisker Drive RANDAZZO, GIANCARLO NAME STREET ADDRESS 4401 DYLAN LOOP, UNIT 164 STREET ADDRESS Clearwater, FL 33755 CITY-ST-ZIP LAND O LAKES, FL 34639 CITY-ST-ZIP THIF Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED