2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P08000048649

Entity Name: PAZZO, INC.

Current Principal Place of Business:

11870 W. STATE ROAD 84
SUITE C-8
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

11870 W. STATE ROAD 84
SUITE C-8
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 26-2731599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRODY, JONATHAN
2850 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311 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

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BAST, RANDALL
Address: 11870 W STATE ROAD 84 SUITE C-8
City-St-Zip: DAVIE, FL 33325 US

Title: PRES ( ) Delete
Name: GILREATH, ANGELA
Address: 11870 W STATE ROAD 84 SUITE C-8
City-St-Zip: DAVIE, FL 33325 US

Title: VP ( ) Delete
Name: GILREATH, LEE
Address: 11870 W STATE ROAD 84 SUITE C-8
City-St-Zip: DAVIE, FL 33325 US

Title: CFO (X) Delete
Name: MANSELL, SHERRI
Address: 11870 W STATE ROAD 84 SUITE C-8
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANGELA GILREATH PRES 06/23/2009

Electronic Signature of Signing Officer or Director — Date