2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** May 07, 2007 08:00 A Secretary of State **DOCUMENT # P96000033375** 1. Entity Name MASCETTA REPORTING, INC. Principal Place of Business Mailing Address 7170 NW 44 LANE 7170 NW 44 LANE COCNUT CREEK, FL 33073 COCONUT CREEK, FL 33073 US 05032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0670837 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISHMAN, ALAN S DO NOT WRITE 2301 WEST SAMPLE ROAD BLDG. 3, STE. 3A IN THIS SPACE POMPANO BEACH, FL 33073 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., t Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE NAME DRUM, JERI STREET ADDRESS 7170 NW 44 LANE CITY-ST-ZIP COCONUT CREEK, FL 33073 U000000761973 MLE 05/25/07-80076-023 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP

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