2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2007 8:00 am Secretary of State DOCUMENT # P97000097017 01-18-2007 90093 006 ***150.00 1. Entity Name MAZÉ WORLD, INC. Principal Place of Business Mailing Address **ԱՄՄԾ₩▽**゚-4623 W IRLO BRONSON MEMORIAL HWY 4545 YOWELL RD KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 59-3479779 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent K. ISROWSON BRONSON, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 4623 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 'owell Kd. Zip Code 34746 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Ð Addition ☐ Delete TITLE ☐ Change BRONSON, RICHARD R NAME NAME STREET ADDRESS 4623 W IRLO BRONSON MEMORIAL HWY STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-ZIP TITLE M Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. K. BLONSON 1 chong SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR