

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096207

FILED
Feb 06, 2007
Secretary of State

Entity Name: NIGHT ZONE ENTERTAINMENT ENTERPRISES, INC.

Current Principal Place of Business:

145 SHILOH AVENUE
LADY LAKE, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

145 SHILOH AVENUE
LADY LAKE, FL 32159 US

New Mailing Address:

FEI Number: 20-3148200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESPAIN, JAMES G
145 SHILOH AVENUE
LADY LAKE, FL 32159 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: P, D () Delete
Name: DESPAIN, JAMES G
Address: 145 SHILOH AVENUE
City-St-Zip: LADY LAKE, FL 32159 US

Title: VP, D () Delete
Name: SIROLLO, PETER C
Address: 145 SHILOH AVENUE
City-St-Zip: LADY LAKE, FL 32159 US

Title: T () Delete
Name: DESPAIN, JAMES G
Address: 145 SHILOH AVENUE
City-St-Zip: LADY LAKE, FL 32159 US

Title: S () Delete
Name: SIROLLI, PETER C
Address: 145 SHILOH AVENUE
City-St-Zip: LADY LAKE, FL 32159 US

Title: D (X) Delete
Name: BLAIR, RICHARD
Address: 9350 S US HWY 441 STE 15
City-St-Zip: OCALA, FL 34480

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES G DESPAIN

PRES

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date