

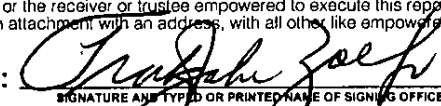


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000109301</b>																																										
1. Entity Name FRANK ZOLFO INC.																																										
Principal Place of Business 7600 BAYSHORE DRIVE APT. 1201 TREASURE ISLAND, FL 33706	Mailing Address 7600 BAYSHORE DRIVE APT. 1201 TREASURE ISLAND, FL 33706	  03182008    No Chg-P    CR2E034 (11/05) <table border="1" style="width:100%"><tr><td>4. FEI Number 20-5429500</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number 20-5429500	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
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6. Name and Address of Current Registered Agent  ZOLFO, FRANK J 7600 BAYSHORE DRIVE APT. 1201 TREASURE ISLAND, FL 33706		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>ZOLFO, FRANK J</td></tr><tr><td>STREET ADDRESS</td><td>7600 BAYSHORE DRIVE #1201</td></tr><tr><td>CITY-ST-ZIP</td><td>TREASURE ISLAND, FL 33706</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	ZOLFO, FRANK J	STREET ADDRESS	7600 BAYSHORE DRIVE #1201	CITY-ST-ZIP	TREASURE ISLAND, FL 33706	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  U000000875339 04/11/08-80028-025 150.00
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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.  <b>SIGNATURE:</b>  <b>3/26/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										