2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P07000103031

Entity Name: ZAKONNI ENTERPRISES, INC.

Current Principal Place of Business:

6927 SHADY ACRES BLVD
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

15501 N. FLORIDA AVE.
TAMPA, FL 33613

Current Mailing Address:

6927 SHADY ACRES BLVD
NEW PORT RICHEY, FL 34653

New Mailing Address:

15501 N. FLORIDA AVE.
TAMPA, FL 33613

FEI Number: 26-1152531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, CAROL
6927 SHADY ACRES BLVD
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

WILSON, CAROL
15501 N. FLORIDA AVE.
TAMPA, FL 33613 US

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: CAROL WILSON 05/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURBURG, MIKE
Address: 6927 SHADY ACRES BLVD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD ( ) Delete
Name: WILSON, CAROL
Address: 6927 SHADY ACRES BLVD
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MURBURG, MIKE
Address: 15501 N. FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: VP (X) Change ( ) Addition
Name: WILSON, CAROL
Address: 15501 N. FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

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: CAROL WILSON VP 05/01/2008
Electronic Signature of Signing Officer or Director Date