## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000060526 FILED** 1. Entity Name Jul 09, 2008 08:00 AM ZING INTERNATIONAL, INC. **Secretary of State** Principal Place of Business Mailing Address 201 NO FEDERAL HIGHWAY 201 NO FEDERAL HIGHWAY STE 109 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0098479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **NECELA. FRANK E** DO NOT WRITE 201 NO FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441 IN THIS SPACE 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. 07/09/08-80006-013 158.75 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOWIII FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS PD TITLE NECELA, FRANK E NAME 201 NO FEDERAL HIGHWAY STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH, FL 33441 TITLE NECELA, JANET M NAME STREET ADDRESS 201 NO FEDERAL HIGHWAY CITY-ST-7IP DEERFIELD BEACH, FL 33441 SITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS City-St-ZIP NAME

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.

SIGNATURE:

TAKE WELL STORY

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

GRATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 Date

954-421-4485