


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000074756

1. Entity Name
3 "Z" ENTERPRISES, INC.



Principal Place of Business Mailing Address

6160 SW HWY. 200, #108 6160 SW HWY. 200, #108
OCALA, FL 34476 - Ocala, FL 34476

DO NOT WRITE IN THIS SPACE



01082006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
59-3464221 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARIO, JEFFREY P
12435 CORTEZ BLVD STE 201
BROOKSVILLE, FL 34613

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000049141U
04/19/06-80021-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZYSEK, MICHAEL STEPHE
STREET ADDRESS	3036 N CAVES VALLEY PATH
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	D
NAME	ZYSEK, MICHAEL SCOTT
STREET ADDRESS	11637 SW 50TH CIR
CITY-ST-ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: M. Zysek MICHAEL S. ZYSEK 3/31/06 352 834-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #