

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003532

Entity Name: NZ WORKS, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

2764 LAKE SAHARA DR - STE 111
LAS VEGAS, NV 89117

New Principal Place of Business:

Current Mailing Address:

P O BOX 1867
SUMMERFIELD, FL 344921867

New Mailing Address:

FEI Number: 68-0628761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIFFERMAN, NAOR
7005 SE 135 ST
SUMMERFIELD, FL 34991 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: PST () Delete
Name: ZIFFERMAN, NAOR
Address: P O BOX 1867
City-St-Zip: SUMMERFIELD, FL 344921867

Title: VP () Delete
Name: ZIFFERMAN, NAOR
Address: P O BOX 1867
City-St-Zip: SUMMERFIELD, FL 344921867

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ZIFFERMAN, NAOR
Address: P O BOX 1867
City-St-Zip: SUMMERFIELD, FL 34492 US

Title: VP (X) Change () Addition
Name: ZIFFERMAN, NAOR
Address: P O BOX 1867
City-St-Zip: SUMMERFIELD, FL 34492 US

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: NAOR ZIFFERMAN

VP

04/22/2008

Electronic Signature of Signing Officer or Director

Date