


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001763	
1. Entity Name Z. Z. ZING, INC.	

Principal Place of Business 532 SPRINGTOWN RD NEW PALTZ, NY 12561	Mailing Address 532 SPRINGTOWN RD NEW PALTZ, NY 12561
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DO NOT WRITE IN THIS SPACE



07202004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1688435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIRWAN, DAVID P 6803 OVERSEAS HWY MARATHON, FL 33050	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refiling)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZWERDLING, ALLEN 532 SPRINGTOWN ROAD NEW PALTZ, NY 12561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZWERDLING, SHIRLEY 532 SPRINGTOWN ROAD NEW PALTZ, NY 12561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ZWERDLING, GARY 532 SPRINGTOWN ROAD NEW PALTZ, NY 12561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZWERDLING, SHERRY 80501 OLD HWY ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEYES, JAN J 2380 OLD TOPANGA CANYON TOPANGA, CA 90290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/27/04-80004-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Allen Zwerdling</u> <u>Allen Zwerdling</u> <u>7/27/04</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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