


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 13, 2008 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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03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1688435	Applied For 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000856630 03/28/08-80019-023 150.00
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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	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. J. Shirley Zwerdling 3/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #