2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# H25766

Entity Name: ZALESKI ENTERPRIZES, INC.

Current Principal Place of Business:

146 ISLAND WAY
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

146 ISLAND WAY
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-2479883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZALESKI, ROSEMARY A
146 ISLAND WAY
CLEARWATER, FL 33767 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: DP ( ) Delete
Name: ZALESKI, ROSEMARY A
Address: 6740 BURLINGTON AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: DT ( ) Delete
Name: HECKERT, SHIRLEY Z
Address: 654 SNUG ISLAND
City-St-Zip: CLEARWATER, FL 33767 US

Title: DS ( ) Delete
Name: CRESSMAN, PAMELA Z
Address: 8528 JACARANDA AVE. NO.
City-St-Zip: LARGO, FL 33777 US

Title: V ( ) Delete
Name: WINIKOFF, LINDA Z
Address: 3949 CHILTON DRIVE
City-St-Zip: WINSTON-SALEM, NC 27106 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY Z. HECKERT DT 04/27/2008

Electronic Signature of Signing Officer or Director — Date