

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76981

Entity Name: ZEREGA CORP.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

% JAMES MCWILLIAMS
7900 SE LITTLE HARBOR
HOBE SOUND, FL 33455

Current Mailing Address:

% JAMES MCWILLIAMS
7900 SE LITTLE HARBOR
HOBE SOUND, FL 33455

New Principal Place of Business:

% JAMES MCWILLIAMS
7900 SE LITTLE HARBOR
HOBE SOUND, FL 33455 US

New Mailing Address:

% JAMES MCWILLIAMS
7900 SE LITTLE HARBOR E-4
HOBE SOUND, FL 33455 US

FEI Number: 65-0198043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWILLIAMS, JAMES
7900 SE LITTLE HARBOR
HOBE SOUND, FL 33455 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: DS () Delete
Name: MCWILLIAMS, JAMES,
Address: 7900 SE LITTLE HARBOR
City-St-Zip: HOBE SOUND, FL

Title: DV () Delete
Name: O'NEAL, MARGARET A.,
Address: 241 HOLLOW TREE RIDGE RD
City-St-Zip: DARIEN, CT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: MCWILLIAMS, JAMES,
Address: 7900 SE LITTLE HARBOR
City-St-Zip: HOBE SOUND, FL 33455 US

Title: DV (X) Change () Addition
Name: O'NEAL, MARGARET A.,
Address: 241 HOLLOW TREE RIDGE RD
City-St-Zip: DARIEN, CT 06820 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: JAMES MCWILLIAMS

DP

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date