2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 AN Secretary of State **DOCUMENT # M70510** 1. Entity Name ZIELINSKI, INC. Principal Place of Business Mailing Address P.O. BOX 2023 381 16TH ST., S.E. NAPLES, FL 34117 US NAPLES, FL 34106 US 01162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0034674 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAULICH, JOHN III DO NOT WRITE SUITE 207 3401 TAMIAMI TRAIL NORTH IN THIS SPACE NAPLES, FL 33940 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. <u>Unnana791265</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required when reinstating) 01/23/08-8<mark>0</mark>068-014 150 00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZIELINSKI, GARY STEVEN NAME 381 16TH \$T., S.E. STREET ADDRESS CITY-ST-ZIP NAPLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY+ST-7IP TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary S. Zielinski 1-16-08