


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90300 039 ****61.25

DOCUMENT # N04000000500 1. Entity Name ZAWECA, INC.					
Principal Place of Business 2121 JUANITA AVE. FT. PIERCE, FL 34946			Mailing Address 2121 JUANITA AVE. FT. PIERCE, FL 34946		
2. Principal Place of Business		3. Mailing Address P.O. Box 1296			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Pierce, FL			
Zip	Country	Zip 34954			
Country United States		4. FEI Number 20-0608835			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
5. Name and Address of Current Registered Agent WILSON, JENNIFER L 2121 JUANITA AVE. FT. PIERCE, FL 34946		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MUGALA, NATHAN M REV. P.O. BOX 1296 FT. PIERCE, FL 34954		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUGALA, NATHAN M REV. P.O. BOX 1296 FT. PIERCE, FL 34954		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WILSON, JENNIFER L P.O. BOX 2735 FT. PIERCE, FL 34954		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, JENNIFER L P.O. BOX 2735 FT. PIERCE, FL 34954		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, RONALD E 40 15TH ST. NE WASHINGTON, DC 20002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, FRAN O 101 N. US 1, STE. 118 FT. PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>Jennifer L. Wilson</i> Jennifer L. Wilson			Date <i>May 1, 2006</i> (772) 216-2000		