

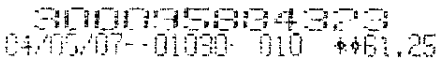
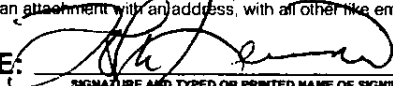


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001979 1. Entity Name ZOLA & C. ENTERPRISE INC.						FILED 07 MAR 28 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 12510 HENRY LEONARD LANE TALLAHASSEE, FL 32317			Mailing Address 12510 HENRY LEONARD LANE TALLAHASSEE, FL 32317			 03122007 Chg-NP CR2E037 (12/06)			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent LEONARD, ZOLA 12510 HENRY LEONARD LANE TALLAHASSEE, FL 32317					
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) DATE</small>									
Filing Fee is \$61.25 Due by May 1, 2007			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 D		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		 300795884323 04/05/07--01090-010 **\$61.25			
NAME LEONARD, ZOLA		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS 12510 HENRY LEONARD LANE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP TALLAHASSEE, FL 32317		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE _____		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME _____		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS _____		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP _____		<input type="checkbox"/> Delete		<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: 				Date 3/28/07		Daytime Phone # _____			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									