2007 FOR PROFIT CORPORATION

FILED 0 AMte

ANNUAL REPORT				May 01, 2007 08:00				
1. Entity Nam	MENT # P0000004409 DINGS, INC.	6				Secreta	ry of Sta	
C/O JOSEPH ZITZKA C. 215 NORTH EOLA DRIVE 2		ailing Address /O JOSEPH ZITZKA :15 NORTH EOLA DRIVE DRLANDO, FL 32801						
D	O NOT WRITE II	CE	01242007 4. FEI Numbe 59-3643 5. Certificate of	Applied For Not Applicable Additional aquired				
	6. Name and Address of Current Regis	tered Agent						
ZITZKA, JOSEPH 215 NORTH EOLA DRIVE ORLANDO, FL 32801					NOT W 'HIS SF			
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or registe	red agent, or both	n, in the State of Fig	orida. I am familiar	with, and accept	
SIGNATURE	Signature Typed or printed name of registered agent and little	il applicable (NOTE: Regulero	ed Agent signature require	d when reinstaling)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND DIRE	CTORS	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HILL, R.C. II 1716 PALMER AVE. WINTER PARK, FL 32789							
NAME STREET ADDRESS CITY-ST-ZIP							, 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				UQ 05/18	000074977 1/07-80037	'4 7-004 150.00	
TITLE						-		

s liling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.

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HASIOT 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with a contract of the corporation or the receiver or trustee empower or trustee.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #