01/11/2005 12:46 850-245-6015 DOS/SUPPORT SE

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90083 001 ***150.00
01-18-2005 90083 002 *****8.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051636

1. Entity Name
ZZAAZZ INC

DO NOT WRITE IN THIS SPACE

66000167

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2. Principal Place of Business	3. Mailing Address
125 HICKORY CREEK BVD	125 HICKORY CREEK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FL	City & State: BRANDON FL
Zip: 33511 / County: HILLSBGH	Zip: 33511 / Country: HILLS'GH

4. FEI Number: 65-1135985 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BEVERIDGE J ROCKEFELLER
Street Address (P.O. Box Number is Not Acceptable): 125 HICKORY CREEK BLVD
City: BRANDON FL Zip Code: 33511

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 ____________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1 - Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BEVERIDGE J ROCKEFELLER
STREET ADDRESS	125 HICKORY CREEKBLVD
CITY-ST-ZIP	BRANDON FL 33511
TITLE	JANET D ROCKEFELLER
NAME	SECR-TREAS
STREET ADDRESS	125 HICKORY CREEK BLVD
CITY-ST-ZIP	BRANDON FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Beveridge J ROCKEFELLER 1/10/05 813-661-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #