2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AM Secretary of State

DOCUMENT # P0100007740 1. Entity Name ZAGORA WORLD WIDE ENTERPRISES					only of source
155 BAFBADOS AVE	talling Address 155 BATEADOSANE TAVPA, FL. 33606				N 1800 NIN NIN NIN SAN SAN SAN SAN SAN SAN SAN SAN SAN SA
DO NOT WRITE IN THIS SPACE			03012006 4. FEI Numb 59-375	No Chg-P	CR2E034 (11/05) Applied For Not Applicat \$8.75 Additional Fee Required
6. Name and Address of Current Regis	stered Agent				
LOISEAU, MARGARETH M 155 BARBADOS AVE TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE	purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar with, and acce.
Signature, typed or printed name of registered agent and little II applicable. [NOTE: Registered Agent algorithms required.]			(when remstaling)		DATE
File NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees			
10. OFFICERS AND DIRE	CTORS	1		· · · · · · · · · · · · · · · · · · ·	
TITLE D NAME LOISEAU, MARGARETH M STREET ADDRESS 155 BARBADOS AVE CHY-SI-ZIP TAMPA, FL 33606				UUUU	00507 890
TITLE D NAME LOISEAU, JEAN M STREET ADDRESS 155 BARBADOS AVE TAMPA, FL 33606				U4/21/U	6-8UÜ8Ü-Ü25 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT W	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN '	THIS SF	PACE
TITLE		ł			

12. I hereby certify that the information supplied with this filling 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 cett, that I am an officer or director of the corporation or the receiver or tostee 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.

SIGNATURE:

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

AGNATURE AND TYPED OR PRINTED HAVE OF STORMING OFFICER ON DIRECTOR

April 12,2006 (813

(813)254-1331

Daytime Phone B