2006 FOR PROFIT CORPORATION . - ANNUAL REPORT

SIGNATURE:

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P02000089392 1. Entity Name NEW ZEITGEIST, INC. Principal Place of Business Mailing Address 5027 ST MARIE 5027 ST MARIE ORLANDO, FL 32812 ORLANDO, FL 32812 03312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 43-1972237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTER, J. DAVID DO NOT WRITE 5027 ST MARIE ORLANDO, FL 32812 IN THIS SPACE 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 8. The above named ex the obligations of distored agent. April 10, 2006 SIGNATURE red agent and title if epolicable. (NOTE: Registered Agent stansture regulated when reinstating - U0000033362 04/26/06-860**29**-015 150.**00** \$5.00 May Be 9. Election Campaign Financing FILÉ NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CARTER, J.DAVID NAME 5027 ST MARIE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 717ZE NAME STREET ADDRESS CITY-ST-70P TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MARK STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-7/P 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 oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 507, 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED