2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90160 012 ***150.00 **DOCUMENT # P04000044961** 1. Entity Name ZWICK INVESTMENTS, INC. 4426 SE 914 AV Mailing Address Principal Place of Business - 1226 SE 9TH TERRACE 1226 SE 9TH TERRACE CAPE CORAL, FL 33990 CAPE-CORAL: FL 33990 CR2E034 (11/05) No Chg-P 02042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0994188 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 1226 SE 9TH TERR 4426 SE 9TH AV ZWICK, JOHN DO NOT WRITE CAPE CORAL, FL 33904 CAPE CORAL FL 33904 IN THIS SPACE 8. The above name dentity 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. ... OFFICERS AND DIRECTORS TITLE NAME ZWICK, JOHN STREET ADDRESS 1226 SE 9TH TERRACE CITY-ST-ZIP CAPE CORAL, FL 33990 TITLE NAME STREET ADDRESS CITY-SJ-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

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 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: v

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

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR