2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153672

Entity Name: EL ZIGZAG, INC.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

464 OAK AVE. 115 SW 57TH TER NAPLES, FL 34108 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

464 OAK AVE 115 SW 57TH TER NAPLES, FL 34108 CAPE CORAL, FL 33914

FEI Number: 20-1876995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

TUORILA, GARY W TUORILA, GARY W 464 OAK AVE. 115 SW 57TH TER NAPLES, FL 34108 CAPE CORAL, FL 33914 US US

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.

SIGNATURE: 02/05/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition TUORILA, GARY W TUORILA, GARY W Name: 464 OAK AVE. 115 SW 57TH TER Address: Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: CAPE CORAL, FL 33914

Title: DVP Title: DVP () Delete (X) Change () Addition Name: TUORILA, JUDITH C Name: TUORILA, JUDITH C

464 OAK AVE. 115 SW 57TH TER Address: Address: NAPLES, FL 34108 NAPLES, FL 33914 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

SEMPREBON, SHANE Name: SEMPREBON, SHANE Name: 464 OAK AVE. 115 SW 57TH TER Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY TUORILA **PRES** 02/05/2008