

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000159188

1. Entity Name
ZEGA ENTERPRISES INC.



**FILED
Feb 23, 2007 8:00 am
Secretary of State**

02-23-2007 90022 021 ***150.00

40023206



02122007 Chg-P CR2E034 (12/06)

| | | | |
|---|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 7306 STATE ROAD 52 SUITE 3 &4 HUDSON, FL 34667 | | 1831 WINSLOE DRIVE TRINITY, FL 34655 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| CUTTER, CARMEN E 1831 WINSLOE DRIVE TRINITY, FL 34655 | | | |
| Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | |
| FL Zip Code | | | |

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 restating)

DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| | | | | |
|--|--|---|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CUTTER, CARMEN E 1831 WINSLOE DRIVE TRINITY, FL 34655 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MARTIN, CARMEN E</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 title empowered.

SIGNATURE: *Carmen Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 727-865-5052

Date

Daytime Phone #