2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P05000071657** 1. Entity Name JORZA CORP Mailing Address Principal Place of Business 507 MCNEAL DR 507 MCNEAL DR DELTONA, FL 32725 DELTONA, FL 32725 No Chg-P CR2E034 (11/05) 01222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1725230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JORZA, RICHARD P 507 MCNEAL DR DELTONA, FL 32625 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JORZA, KATHLEEN A 507 MCNEAL DR STREET ADDRESS DELTONA, FL 32725 CITY-ST-ZIP TITLE JORZA, RICHARD P STREET ADDRESS 507 MCNEAL DR DELTONA, FL 32725 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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.

OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED