


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90002 029 ***150.00

DOCUMENT # P05000090481		
1. Entity Name ED ZORN ENTERPRISES, INC.		

Principal Place of Business 1481 5TH COURT VERO BEACH, FL 32960	Mailing Address 1481 5TH COURT VERO BEACH, FL 32960
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2. Principal Place of Business 457 LIGHTHOUSE AVE	3. Mailing Address 457 LIGHTHOUSE AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SEBASTIAN, FLORIDA	City & State SEBASTIAN FLORIDA
Zip 32958	Zip 32958
Country U.S.	Country U.S.



07032006 Chg-P CR2E034 (11/05)

4. FEI Number 203056187	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZORN, EDWARD M 1481 5TH COURT VERO BEACH, FL 32960	
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7. Name and Address of New Registered Agent Name ZORN, EDWARD M Street Address (P.O. Box Number is Not Acceptable) 457 LIGHTHOUSE AVE City SEBASTIAN FL 32958	
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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. PRESIDENT. SIGNATURE EDWARD M. ZORN (Edward M Zorn) 7-4-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P ZORN, EDWARD M 1481 5TH COURT VERO BEACH, FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P ZORN, EDWARD M. 457 LIGHTHOUSE AVE. SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M THOMPSON LISA A. 457 LIGHTHOUSE AVE SEBASTIAN FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Edward M Zorn <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-4-06 (772) 581-9116 <small>Date Daytime Phone #</small>