FILED
Apr 21, 2006 8:00 am
Secretary of State

04-04-2006 90046 003 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000150297

1. Entity Name
MIZPAH PUBLICATIONS INC.

Principal Place of Business	Mailing Address
16504 SW 207TH ST LOCHLOOSA, FL 32662	PO BOX 201 LOCHLOOSA, FL 32662

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
16504 SE 207th ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOCHLOOSA, Fl.	City & State
Zip: 32662 Country: ALACHUA	Zip Country

4. FEI Number: 68-0625476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZWEIFEL, SHIRLEY 16504 SW 207TH ST LOCHLOOSA, FL 32662	Name: ZWEIFEL, SHIRLEY Street Address (P.O. Box Number is Not Acceptable): 16504 S.E. 207th ST. City: LOCHLOOSA FL Zip Code: 32662

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: SHIRLEY ZWEIFEL P/T/D [signature] 03-23-06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	☐ Delete	TITLE: P/T/D NAME: SHIRLEY ZWEIFEL STREET ADDRESS: 16504 SE ST CITY-ST-ZIP: LOCHLOOSA, FL. 32662	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] SHIRLEY ZWEIFEL 03-23-06 352-481-5056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #