2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 08:00 AN DOCUMENT # P05000163763 1. Entity Name **Secretary of State** ZELIFF ENTERPRISES, INC. Principal Place of Business Mailing Address 910 CASEY COVE DR. 910 CASEY COVE DR. NOKOMIS, FL 34257 NOKOMIS, FL 34257 02132007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0134502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZELIFF, SYDNA DO NOT WRITE 910 CASEY COVE DR. NOKOMIS, FL 34257 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 frust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MOME ZELIFF, WILLIAM H JR. U00000632163 STREET ADDRESS 910 CASEY COVE DR. 04/04/07-80075-005 150.00 CITY-ST-ZIP NOKOMIS, FL 34257 HILE ZELIFF, SYDNA T NAME STREET ADDRESS 910 CASEY COVE DR. CITY-ST-ZIP NOKOMIS, FL 34257 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 eath; 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date