


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2007 90018 018 \*\*\*150.90

<b>DOCUMENT # P06000010764</b> 1. Entity Name <b>ZIPPI ENTERPRISES, INC.</b>																													
Principal Place of Business <b>4176 MAYFAIR LANE PORT ORANGE, FL 32129</b>			Mailing Address <b>4176 MAYFAIR LANE PORT ORANGE, FL 32129</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>75-3207127</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>FOWLER, NANCY 4176 MAYFAIR LANE PORT ORANGE, FL 32129</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>FOWLER, NANCY</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4176 MAYFAIR LANE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>PORT ORANGE, FL 32129</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>FOWLER, NANCY</b>	<input type="checkbox"/>	STREET ADDRESS	<b>4176 MAYFAIR LANE</b>		CITY - ST - ZIP	<b>PORT ORANGE, FL 32129</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">Change    Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/>    <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change    Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
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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 like empowered.																													
<b>SIGNATURE:</b> <u>Nancy Fowler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<small>Date      Cayman Phone #</small>																													