


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90188 048 \*\*\*150.00

<b>DOCUMENT # P06000096076</b>	
1. Entity Name <b>ZACKS FIFTH AVE, INC.</b>	

Principal Place of Business <b>C/O SHELLEY M. DEGEYTER 5071 WILD CINNAMON DRIVE MELBOURNE, FL 32940</b>	Mailing Address <b>C/O SHELLEY M. DEGEYTER 5071 WILD CINNAMON DRIVE MELBOURNE, FL 32940</b>
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**40068127**



2. Principal Place of Business - No P.O. Box # <b>6729 COLONNADE DRIVE</b>	3. Mailing Address <b>6729 COLONNADE DRIVE</b>
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Suite, Apt. #, etc. <b>SUITE 107</b>	Suite, Apt. #, etc. <b>SUITE 107</b>
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04122007 Chg-P CR2E034 (12/06)

City & State <b>MELBOURNE FL</b>	City & State <b>MELBOURNE FL</b>
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4. FEI Number <b>20-5252978</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32940</b>	Country <b>US</b>	Zip <b>32940</b>	Country <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>DEGEYTER, MITCHELL T 5071 WILD CINNAMON DRIVE MELBOURNE, FL 32940</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P DEGEYTER, SHELLEY M 5071 WILD CINNAMON DRIVE MELBOURNE, FL 32940</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VP DEGEYTER, MITCHELL T 5071 WILD CINNAMON DRIVE MELBOURNE, FL 32940</b>	
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	<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
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: <u>Shelley M DeGeyter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>April 13 2007</u> <small>Daytime Phone #</small>