


FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90001 021 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000114306
 1. Entity Name
 ZEE ENTERPRIZES, INC.



Principal Place of Business
 1795 S. WASHINGTON AVE.
 TITUSVILLE, FL 32780

Mailing Address
 1795 S. WASHINGTON AVE.
 TITUSVILLE, FL 32780

40115530



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 74-3188462

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 A1A REGISTERED AGENT INC.
 5647 110TH AVE. NORTH
 ROYAL PALM BEACH, FL 33411-0000

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAHORNACKY, JOHN B
STREET ADDRESS	190 SOUTH MORROW STREET
CITY - ST - ZIP	BLAIRSVILLE, PA 15717
TITLE	VPD
NAME	ZAHORNACKY, TERESA A
STREET ADDRESS	190 SOUTH MORROW STREET
CITY - ST - ZIP	BLAIRSVILLE, PA 15717
TITLE	SD
NAME	ZAHORNACKY, GREGORY A
STREET ADDRESS	190 SOUTH MORROW STREET
CITY - ST - ZIP	BLAIRSVILLE, PA 15717
TITLE	TD
NAME	ZAHORNACKY, CHRISTINE M
STREET ADDRESS	190 SOUTH MORROW STREET
CITY - ST - ZIP	BLAIRSVILLE, PA 15717
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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 807, 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: *C. Zahornacky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 Sept 08 321-268-5415
Date Daytime Phone #