2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 29, 2008 8:00 am Secretary of State 01-29-2008 90022 030 ***150.00

| 1. Entity Name P. ZIZZO HOLDINGS, INC. | | | | | | | | | | |
|--|---|--|--|---------------------------------------|---|---|--|--|--|--|
| Principal Place of Business 300 LANSING ISLAND DRIVE SATELLITE BEACH, FL 32937 US Mailing Address 300 LANSING ISLAND DRIVE SATELLITE BEACH, FL 32937 US | | | | | US | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01092008 | Chg-P | CR2EC | 34 (12/06) | |
| City & State | | | City & State | | | 4. FEI Numbe 20-5834 | | _ | · · · | oplied For ot Applicable |
| Zip | Country | | Zip Coun | | Iry | | of Status Desired | | \$8.75 Add | ditional |
| Name and Address of Current Registered Agent | | | | | Name | 7. Name and | Address of New R | egistered . | Agent | |
| KANCILIA, JOHN R ESQ 1800 W. HIBISCUS BOULEVARD SUITE 138 | | | | | | (P.O. Box Numbe | er is Not Acceptable | •) | | |
| MELBOUR | | | | | | | Zip Codi | | | |
| The above named entity submits this statement for the purpose of changing its register. | | | | | City | ered agent, or bot | h in the State of Flo | FL | <u> </u> | |
| | ions of registered agent. | | or pose of changing he | , registore | o onice or registe | red agont, or out | II, III III O GIAIG GITTIC | moa. Tum | ranna ma, | and addopt |
| SIGNATURE_ | Signature, typed or printed name | of registered agent and site | il applicable. (NOT | E: Registered | J Agent signature : equire | ed when reinstating) | - | DATE. | | |
| | E NOW!!! FEE IS S ay 1, 2008 Fee wil | | 9. Election Campa Trust Fund Con | | | .00 May Be ded to Fees | | | | |
| 10. | | FFICERS AND DIREC | | 11. | · | ADDITIONS/ | CHANGES TO OFF | ICERS AND | | |
| NAME STREET ADDRESS CITY-S1-ZIP | DIR ZIZZO, LISA 300 LANSING ISLAI MELBOURNE, FL 3 | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | I | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | ☐ Delete | f - | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | ☐ Delete | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | 4 | l l | | | | ☐ Change | ☐ Addition |
| 12. I hereby of indicated of the correctanged. | pertify that the information on this report or supple poration or the received or on an attachment with | n supplied with this f mental report is true or trustee empowere h an address, with a | iling does not qualify for and accurate and that d to execute this por letter the empowered | or the exe my signat Tas requir | emptions containe tore shall have the red by Chapter 60 | d in Chapter 119 same legal effect 7, Florida Statute | , Florida Statutes. I t as it made under o s: and that my name | further cer bath; that I e appears i | tify that the ir am an officer in Block 10 o | nformation or director r Block 11 if |