2007 FOR PROFIT CORPORATION

FILED Mar 14, 2007 08:00 AM Secretary of State

ANNOAL REPORT					
DOCUMENT # P93000079958 1. Entity Name PLEASURE ZONE, INC.					
Principal Place of Business	Mailing Address				
4244 GANDY BLVD. Tampa, Fl. 33611	4244 GANDY BLVD. Tampa. Fl. 33611				
		,			



DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 59-3211245

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and Address	of Current Registered Agent

ROSENHECK, ARTHUR **4224 GANDY BLVD SUITE ONE** TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE

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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, typed or printed name of registered in	agent and title if applicable. (NOTE: Registered	d Agent alignature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$5		scing \$5.00 May Be Added to Fees			
	AND DIRECTORS				
NAME ROSENHECK, ARTHUR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336113404					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000665391 03/23/07-80026-020 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 line empowered.					
SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days The Property of the Pro					