


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-10-2006 90107 046 ***150.00

DOCUMENT # P96000080258 1. Entity Name ZION HILL MORTUARY, INC.	
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Principal Place of Business 1700 49TH STREET SOUTH SAINT PETERSBURG, FL 33707 US	Mailing Address 1700 49TH STREET SOUTH SAINT PETERSBURG, FL 33707 US
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66019604



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3420069	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATT, EDNA L
5339 ALCOLA WAY SOUTH
ST PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATT, DWAYNE E 6135 30TH CT S ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MATT, PRINCE 5339 ALCOLA WAY S ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

 **Dwayne E. MATT**

6/13/06

Date

(727) 328 0466

Daytime Phone #