


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90291 023 ***150.00

DOCUMENT # P99000035462 1. Entity Name ZACK ENTERPRISES, INC.	
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Principal Place of Business 11125 PARK BLVD <i>SUITE 115</i> SEMINOLE, FL 33772	Mailing Address 11125 PARK BLVD <i>SUITE 115</i> SEMINOLE, FL 33772
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3576560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WATKINS, CARL T CPA 6103 MEMORIAL HIGHWAY TAMPA, FL 33634	CHARLES C STUMM CPA 3275 - 66TH ST. N. SUITE 10 ST. PETERSBURG, FL 33710

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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 *Charles C Stumm CPA* DATE 4/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZACCARIA, SCOTT P 751 PINELLAS BAYWAY APT 308 <i>432 - 4TH AVE N.</i> TAMPA, FL 33745 <i>TIERRA VERDE, FL 33715</i>
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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: *[Signature]* Date 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR