2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 08:00 AM ate

ANNUAL	REPORT		Secretary of Sta			
DOCUMENT # P990000555)	secretar,	y or Siz	
ZIMBARI ENTERPRISES, INC.						
Principal Place of Business	Mailing Address	1				
185 GRAND BLVD. STE 100 SANDESTIN, FL 32550	185 GRAND BLVD, STE 100 SANDESTIN, FL 32550					
				Bandana bana bana bana bana		e i ii eiee i ie i ee i
DO NOT WRITE IN THIS SPA		6	02082008	No Chg-P	CR2E034 (11/0	05)
		CE	4. FEI Number 59-359			Applied For Not Applicable
				of Status Desired	\$8.75 Fee Regi	Additional
6. Name and Address of Current Re	gistered Agent		1	·	1 00 1104	
HOWARD, KEITH			DO	NOT W	DITE	
185 GRAND BLVD. SANDESTIN, FL 32550						
			iN	THIS SF	ACE	
The above named entity submits this statement for the control of the control		yad affice or register	and amond on the	the in the State of Els	enda. Lom familiar u	uth and pagent
the obligations of registered agent	ie purpose or changing its register	red onice or register	eo agent, or bo	tri, iri trie State or Fit	mua. Lamianilai W	min, and accept
SIGNATURE	ed Agent signalure required	i when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fina After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution			.00 May Be led to Fees			
10. OFFICERS AND DI		<u>`</u>		· · · · · · · · · · · · · · · · · · ·		
TITLE D		-				
NAME HOWARD, J. KEITH SIREEI ADDRESS 185 GRAND BLVD.				i linani	ng97999	
CITY-ST-ZIP DESTIN, FL 32550		_		05/21/08	0927822 -80005-002	150.00
TITLE NAME		ľ				
STREET ADDRESS						
CITY-ST-ZIP	·	-				
NAME CURET ADDRESS						
STREET ADDRESS CITY-SI-ZIP			DO	NOT W	RITE	
TITLE	11		IN .	THIS SF	PACE	
NAME STREET ADDRESS						
CIFY-SI-ZIP		_]				
TITLE NAME						

12. Thereby 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 supplied ental 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.

TITLE , NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _