2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150

DOCUMENT # S35981

1. Entity Name

ZUNALI, INC.

FILED
07 APR 30 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
325 S. ORLANDO AVE. WINTER PARK FL 32789	325 S. ORLANDO AVE. WINTER PARK FL 32789

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3095175 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINARTAS, JOSEPH V. 1310 FAIRVIEW AVE. WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
(If changing Registered Agent, Registered Agent must sign above) (NOTE: Registered Agent signature required when changing office.)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LINARTAS, JURA N. 3808 SILVER ROSE CT. ORLANDO FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LINARTAS, JOSEPH V. 1310 FAIRVIEW AVE. WINTER PARK FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] Change [ ] Addition 100103001571 05/22/07--01016--001 **661.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LINARTAS, JOSEPH J 325 SO ORLANDO AVE WINTER PARK FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LINARTAS, PAUL J 325 S. ORLANDO AVE. WINTER PARK FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph V. Linartas JOSEPH V. LINARTAS 4-18 07 407-644-2387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR