

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14221

Entity Name: ZIER, INC.

FILED  
Mar 16, 2006  
Secretary of State

## Current Principal Place of Business:

3350 ENTERPRISE AVE  
SUITE 180  
WESTON, FL 33331 US

## New Principal Place of Business:

## Current Mailing Address:

560 COCONUT CIRCLE  
WESTON, FL 333263319 US

## New Mailing Address:

PO BOX 268778  
WESTON, FL 333268778 US

FEI Number: 65-0038118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASIMORE, SUSAN  
560 COCONUT CIRCLE  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

MASIMORE, SUSAN  
3350 ENTERPRISE AVE  
SUITE 180  
WESTON, FL 33331 US

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.

SIGNATURE:

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASIMORE, SUSAN  
Address: 560 COCONUT CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: MASIMORE, CHARLES  
Address: 560 COCONUT CIRCLE  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MASIMORE, SUSAN  
Address: 3350 ENTERPRISE AVE, SUITE 180  
City-St-Zip: WESTON, FL 33331

Title: T (X) Change ( ) Addition  
Name: MASIMORE, CHARLES  
Address: 3350 ENTERPRISE AVE, SUITE 180  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MASIMORE

T

03/16/2006

Electronic Signature of Signing Officer or Director

Date