


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90027 036 ***150.00

DOCUMENT # K53398


1. Entity Name
GROUND ZERO DESIGNS, INC.



Principal Place of Business Mailing Address
 9303 ALICE LANE 9303 ALICE LANE
 RIVERVIEW, FL ~~33569~~ US RIVERVIEW, FL 33569 US
33578

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



01092008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2924117 Net 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

DRAGONI, PEPPE
 9303 ALICE LANE
 RIVERVIEW, FL 33569

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 _____
Signature (typed or printed name of registered agent and the fee code) NOTE: Registered Agent's signature required when re-registering DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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 IN 11 | |
|--|---------------------------------|---|---|
| TITLE P NAME DRAGONI, PEPPE STREET -ADDRESS 9303 ALICE LANE CITY - ST - ZIP RIVERVIEW, FL 33569 | <input type="checkbox"/> Delete | TITLE NAME STREET -ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET -ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET -ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Pepper Dragoni 1/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE