


**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000117574 1. Entity Name Z. I. C. GROUP, LLC	
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50004460

Principal Place of Business 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US	Mailing Address 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # 11850 DR. MLK ST Suite, Apt. #, etc.	3. Mailing Address 11850 DR. MLK ST. Suite, Apt. #, etc.
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City & State ST. PETERSBURG, FL Zip 33716	Country U.S.A.	City & State ST. PETERSBURG, FL Zip 33716	Country U.S.A.
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02262008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent IMWORLD SERVICES, INC. 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applied
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	IT POWER, LTD
STREET ADDRESS	3DR FLOOR GENEVA PLACE WATERFRONT DRIVE
CITY-ST-ZIP	ROAD TOWN TORTALA, BVI, BV 1110
TITLE	MGR <input type="checkbox"/> Delete
NAME	REVESZ, ROBERT
STREET ADDRESS	FOGARASI PARK 5
CITY-ST-ZIP	BUDAPEST, HUNGARY, HU 1148
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REVESZ ROBERT  Date: 2008/03/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #