2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

۰, Þ.

SIGNATURE:

Secretary of State 02-15-2006 90036 039 ***150.00 DOCUMENT # L66647 1. Entity Name ZLD, INC. Mailing Address Principal Place of Business 60016036 % JUDSON B. BAGGETT % JUDSON B. BAGGETT 6815 DAIRY ROAD 6815 DAIRY ROAD ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 Ŧ, No Chg-P CR2E034 (11/05) 01192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3001267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAGGETT, JUDSON B. DO NOT WRITE 6815 DAIRY ROAD ZEPHYRHILLS, FL 33542 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BAGGETT, JUDSON B. VICE PRESI de N+ 6815 DAIRY RD STREET ADDRESS ZEPHYRHILLS, FL 33542 -/639 CITY-ST-ZIP PRESIDENT BRIAN LEVENSON 6815, DAIRY Rd NAME STREET ADDRESS CITY-ST-ZIP aphyrhills. TITLE TREASURER Kelly Levenson Kelly DA: Ry Ad 6815 DA: Ry Ad Zephychills, Fl 33542-1639 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME LINDA BARA Ett 6815 DAIRY Rd STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME **STREET ADDRESS** CITY-ST-ZIP 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.

12/06

788-2,54

FILED Feb 15, 2006 8:00 am