2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90328 010 ***150.00

DOCUMENT # P03000077965

1. Entity Name
ZD-PROPERTIES,INC.

Principal Place of Business	Mailing Address
1218 ASBURY WAY BOYNTON BEACH, FL 33426	1218 ASBURY WAY BOYNTON BEACH, FL 33426

00037841

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7385 VIA Leonardo	7385 VIA Leonardo
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake worth florida	City & State: Lake worth florida
Zip: 33467 Country: Palm Beach	Zip: 33467 Country: Palm Beach

4. FEI Number 02-0699789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIST, MICHAEL
1218 ASBURY WAY
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name: Michael List
Street Address (P.O. Box Number is Not Acceptable): 7385 VIA Leonardo
City: Lake worth FL Zip Code: 33467

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 ____________ DATE 4-13-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIST, MICHAEL 1218 ASBURY WAY BOYNTON BEACH, FL 33426 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P List, Michael 7385 VIA Leonardo Lake worth Fl 33467 ☒ 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
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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 exemption stated in Section 119.07(3)(i), 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: ____________ 4-13-05 561-756-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #