

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003058

FILED
Apr 26, 2007
Secretary of State

Entity Name: ZERO ZONE, INC.

Current Principal Place of Business:

110 N OAKRIDGE DR
NORTH PRAIRIE, WI 53153

New Principal Place of Business:

Current Mailing Address:

110 N OAKRIDGE DR
NORTH PRAIRIE, WI 53153

New Mailing Address:

FEI Number: 39-0986069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MORROW, DAVE
Address: 110 N OAKRIDGE DR
City-St-Zip: NORTH PRAIRIE, WI 53153

Title: VP () Delete
Name: LUBAR, DAVID
Address: 700 N WATER ST, STE 1200
City-St-Zip: MILWAUKEE, WI 53202

Title: VP&T () Delete
Name: DUIMSTRA, JOHN
Address: 110 N OAKRIDGE DRIVE
City-St-Zip: NORTH PRAIRIE, WI 531539792

Title: CHRM () Delete
Name: VAN DER PLOEG, JACK
Address: 110 N OAKRIDGE DR
City-St-Zip: NORTH PRAIRIE, WI 53153

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN DUIMSTRA

VP

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date