2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# 709553

Entity Name: MT. ZION DEVELOPMENTS, INC.

Current Principal Place of Business:

301 N.W. 9TH STREET
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

301 N.W. 9TH STREET
MIAMI, FL 33136

New Mailing Address:

FEI Number: 23-7178152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSS, RALPH M
301 N.W. 9TH STREET
MIAMI, FL 33136 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROSS, RALPH M
Address: 301 N.W. 9TH STREET
City-St-Zip: MIAMI, FL 33136

Title: VD ( ) Delete
Name: MCQUEEN, JAMES
Address: 301 N.W. 9TH STREET
City-St-Zip: MIAMI, FL 33136

Title: SD ( ) Delete
Name: TUCKER, GAIL
Address: 301 NW 9TH ST
City-St-Zip: MIAMI, FL 33136

Title: TD ( ) Delete
Name: WILLIAMS, CHARLIE
Address: 301 N.W. 9TH STREET
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete
Name: MITCHELL, CARL
Address: 301 N.W. 9TH STREET
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete
Name: MCKINNEY, ROBERT ATTY.
Address: 301 N.W. 9TH STREET
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MCQUEEN, JAMES
Address: 301 N.W. 9TH STREET
City-St-Zip: MIAMI, FL 33136

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH M. ROSS REV 04/04/2006

Electronic Signature of Signing Officer or Director — Date