2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# 807470

Entity Name: ZITA INC

Current Principal Place of Business:

1122 N ASTOR
MILWAUKEE, WI 53202

New Principal Place of Business:

Current Mailing Address:

660 E MASON STREET
MILWAUKEE, WI 53202 US

New Mailing Address:

FEI Number: 39-0729030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARBONE, LE
2130 BUCKINGHAM LANE
NAPLES, FL 34112 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: V ( ) Delete
Name: MEYST, KARLA K
Address: 1122 N ASTOR STREET
City-St-Zip: MILWAUKEE, WI

Title: PD ( ) Delete
Name: LUND, MARGARET
Address: 660 E MASON STREET
City-St-Zip: MILWAUKEE, WI

Title: D ( ) Delete
Name: CROAK, FRANCIS R
Address: 660 E MASON ST
City-St-Zip: MILWAUKEE, WI

Title: TD ( ) Delete
Name: SCHLICT, JANE C
Address: 660 E MASON STREET
City-St-Zip: MILWAUKEE, WI 53202

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 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 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: MARGARET T. LUND PD 05/04/2004

Electronic Signature of Signing Officer or Director Date