


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # F03000002245 1. Entity Name ZERO-G CORPORATION	
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Principal Place of Business 2708 3RD STREET #6 SANTA MONICA, CA 90405	Mailing Address 2708 3RD STREET #6 SANTA MONICA, CA 90405
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07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1869531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, ROBERT
2511 MARLOWE PLACE
COCOA, FL 32926**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DIAMANDIS, PETER 2708 3RD STREET #6 SANTA MONICA, CA 90405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV LICHTENBERG, BYRON 5701 IMPALA SOUTH ATHENS, TX 75751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDOWELL, MIKE OBERRECHT 32 NEUENDEICH 25436 GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOHAN, GLORIA 3102 OMEGA OFFICE PARK FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LADWIG, ALAN 6108 BEACHWAY DRIVE FALLS CHURCH, VA 22041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

4000000166254
07/15/04-80001-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 July 04 310-399-1976
Date Daytime Phone #