2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002245

Entity Name: ZERO-G CORPORATION

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 320 WILSHIRE BLVD., STE. 303 SANTA MONICA, CA 90401 **Current Mailing Address: New Mailing Address:** 320 WILSHIRE BLVD., STE. 303 SANTA MONICA, CA 90401 FEI Number: 52-1869531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARD, ROBERT 2511 MARLOWE PLACE COCOA, FL 32926 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DIAMANDIS, PETER Name: Name: 2708 3RD STREET #6 Address: Address: City-St-Zip: SANTA MONICA, CA 90405 City-St-Zip: VCV Title: Title: () Delete () Change () Addition Name: LICHTENBERG, BYRON Name: 5701 IMPALA SOUTH Address: Address: City-St-Zip: ATHENS, TX 75751 City-St-Zip: Title: Title: () Delete () Change () Addition MCDOWELL, MIKE Name: Name: OBERRECHT 32 Address: Address: City-St-Zip: NEUENDEICH 25436 GERMANY, City-St-Zip: Title: () Delete Title: () Change () Addition BOHAN, GLORIA Name: Name: Address: 3102 OMEGA OFFICE PARK Address: City-St-Zip: FAIRFAX, VA 22031 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: LADWIG, ALAN Name:

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.

Address:

City-St-Zip:

SIGNATURE: PETER DIAMANDIS CP 04/20/2005

6108 BEACHWAY DRIVE

FALLS CHURCH, VA 22041

Address: City-St-Zip: