





**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90227 013 ***150.00

DOCUMENT # F03000003643		
1. Entity Name ZONE CENTER, INC.		
Principal Place of Business 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308		Mailing Address 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SUTTER, TROY D 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308		66020534  03072005 No Chg-P CR2E034 (10/03) 4. FEI Number 55-0842990 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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  DATE 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPST SUTTER, TROY D 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308	
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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:  5/27/05 (954) 568-3229 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		