2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000442

Current Principal Place of Business:

SIGNATURE: BRIAN COTT

Electronic Signature of Signing Officer or Director

Entity Name: ZENN MOTOR COMPANY

FILED Mar 10, 2008 Secretary of State

New Principal Place of Business:

PD

03/10/2008

Date

SUITE 100	DALE ROAD , ONTARIO M3	3B 2R2, XX	XX	SUITE 100	DALE ROAD , ONTARIO) M3B 2R2, XX M3B 2R2	CA
Current Mailing Address:				New Mailing Address:			
SUITE 100	DALE ROAD , ONTARIO M3	3B 2R2, XX	XX	SUITE 100	DALE ROAD , ONTARIO) M3B 2R2, XX M3B 2R2	XX
FEI Number:	98-0497733	FEI Number Applied	For () FEI Nun	nber Not Appli	cable ()	Certificate of Status Desir	ed ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US							
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: Name: Address: City-St-Zip:	CLIFFORD, IAN 85 SCARSDALE		x	Title: Name: Address: City-St-Zip:	CLIFFORD, IA	(X) Change()Addition AN CEO ALE RD, SUITE 100 NTARIO M3B 2R2, XX M3B 2R	R2 XX
Title: Name: Address: City-St-Zip:	COTT, BRIAN CO 85 SCARSDALE TORONTO, ONTA	RD, SUITE 100 ARIO M3B 2R2, XX X	x	Title: Name: Address: City-St-Zip:	COTT, BRIAN 85 SCARSDA TORONTO, O	NLE RD, SUITE 100 NNTARIO M3B 2R2, XX M3B 2F	R2 XX
Title: Name: Address: City-St-Zip:	SCHREINER, LAI 85 SCARSDALE		x	Title: Name: Address: City-St-Zip:	SCHREINER, 85 SCARSDA	(X) Change()Addition LARRY CFO ILE RD, SUITE 100 INTARIO M3B 2R2, XX M3B 2I	R2 XX
Title: Name: Address: City-St-Zip:	HANCOCK, DENI 85 SCARSDALE		x	Title: Name: Address: City-St-Zip:	HANCOCK, D 85 SCARSDA	(X) Change () Addition DENNIS NLE RD, SUITE 100 DNTARIO M3B 2R2, XX M3B 2R	R2 XX
Title: Name: Address: City-St-Zip:	BERGERON, MIC 85 SCARSDALE		x	Title: Name: Address: City-St-Zip:	BERGERON, 85 SCARSDA	(X) Change ()Addition MICHAEL ALE RD, SUITE 100 NTARIO M3B 2R2, XX M3B 2R	R2 XX
Title: Name: Address: City-St-Zip:	ALLARD, GILLES 85 SCARSDALE		x	Title: Name: Address: City-St-Zip:	ALLARD, GIL 921 CHEMIN	(X) Change () Addition LES DE LA RIVIERE DU NORD , QUEBEC J7Y 5G2, XX J7Y 5	G2 XX
I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.							