2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F07000000442

Entity Name: ZENN MOTOR COMPANY

Current Principal Place of Business:

85 SCARSDALE ROAD
SUITE 100
TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 CA

New Principal Place of Business:

Current Mailing Address:

85 SCARSDALE ROAD
SUITE 100
TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 XX

New Mailing Address:

85 SCARSDALE ROAD
SUITE 100
TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 CA

FEI Number: 98-0497733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: D ( ) Delete
Name: CLIFFORD, IAN CEO
Address: 85 SCARSDALE RD, SUITE 100
City-St-Zip: TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 XX

Title: PD ( ) Delete
Name: COTT, BRIAN COO
Address: 85 SCARSDALE RD, SUITE 100
City-St-Zip: TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 XX

Title: D ( ) Delete
Name: SCHREINER, LARRY CFO
Address: 85 SCARSDALE RD, SUITE 100
City-St-Zip: TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 XX

Title: VP ( ) Delete
Name: HANCOCK, DENNIS
Address: 85 SCARSDALE RD, SUITE 100
City-St-Zip: TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 XX

Title: VP ( ) Delete
Name: BERGERON, MICHAEL
Address: 85 SCARSDALE RD, SUITE 100
City-St-Zip: TORONTO, ONTARIO M3B 2R2, XX M3B 2R2 XX

Title: VP ( ) Delete
Name: ALLARD, GILLES
Address: 921 CHEMIN DE LA RIVIERE DU NORD
City-St-Zip: ST. JEROME, QUEBEC J7Y 5G2, XX J7Y 5G2 XX

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:

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 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.

SIGNATURE: BRIAN COTT PD 04/14/2009

Electronic Signature of Signing Officer or Director Date