## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F31377

FREITAG, AMY E

DELTONA, FL 32725

1077 BLUE HORIZON DR

Name:

Address:

City-St-Zip:

FILED Jul 05, 2006 Secretary of State

Entity Name: ZAIDA CORPORATION						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
658 DOUG SUITE 110 ALTAMON		FL 32714 US				
Current Ma	ailing Addres	s:	New Mailii	New Mailing Address:		
115 LAKE WINNEMISSETT DR DELAND, FL 32724			658 DOUGLAS AVE SUITE 1108 ALTAMONTE SPRINGS, FL 32714 US			
FEI Number:	59-2087550	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Cer	rtificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1603 WILD	S, JR, LAWREI CAT COURT PRINGS, FL					
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.						
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt	Date		
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice	e.		
	AND DIREC	,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DSP () WANDS, THOM 115 LAKE WINI DELAND, FL		Title: Name: Address: City-St-Zip:	()Cha	nge()Addition	
Title: Name: Address: City-St-Zip:	DV () HASTINGS, LAV 1603 WILDCAT WINTER SPRIN	COURT	Title: Name: Address: City-St-Zip:	()Cha	inge()Addition	
Title: Name: Address: City-St-Zip:	DT () HASTINGS, NAI 1603 WILDCAT WINTER SPRIN	COURT	Title: Name: Address: City-St-Zip:	()Cha	nge()Addition	
Title: Name: Address: City-St-Zip:	DV () FREITAG, MICH 1077 BOUE HO DELTONA, FL	RIZON DR	Title: Name: Address: City-St-Zip:	DV (X) Cha FREITAG, MICHAEL 848 PRESERVE TE LAKE MARY, FL 32	RRACE	
Title:	DV ()	Delete	Title:	DV (X) Cha	ange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

FREITAG, AMY E

848 PRESERVE TERRACE

LAKE MARY, FL 32746

SIGNATURE: AMY FREITAG VΡ 07/05/2006