2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# G75744

Entity Name: ZENITH TRAVEL CONSULTANTS, INC.

Current Principal Place of Business:

195 SOUTH WESTMONTE DR., STE L
ALTAMONTE SPRINGS, FL 327141255

New Principal Place of Business:

195 SOUTH WESTMONTE DR.
SUITE 1124
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

195 SOUTH WESTMONTE DR., STE L
ALTAMONTE SPRINGS, FL 327141255

New Mailing Address:

195 SOUTH WESTMONTE DR.
SUITE 1124
ALTAMONTE SPRINGS, FL 327141255

FEI Number: 59-2353872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFF, ZENA
1319 W. WEBSTER ST.
ORLANDO, FL US

Name and Address of New Registered Agent:

SCHIFF, ZENA
1319 W. WEBSTER ST.
ORLANDO, FL 32804 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: 04/12/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: BROWN, MARCY SCHIFF,
Address: 1010 WINDERLY PLACE #137
City-St-Zip: MAITLAND, FL 32751

Title: PTD ( ) Delete
Name: SCHIFF, ZENA,
Address: 1319 W. WEBSTER ST.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition
Name: BROWN, MARCY S MS.
Address: 1010 WINDERLY PLACE #137
City-St-Zip: MAITLAND, FL 32751

Title: PTD (X) Change ( ) Addition
Name: SCHIFF, ZENA MRS.
Address: 1319 W. WEBSTER ST.
City-St-Zip: ORLANDO, FL

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.

SIGNATURE: MARCY S. BROWN DVS 04/12/2005
Electronic Signature of Signing Officer or Director — Date