

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90027 036 ***150.00

DOCUMENT # K53398 1. Entity Name GROUND ZERO DESIGNS, INC.					
Principal Place of Business 9303 ALICE LANE RIVERVIEW, FL 33569 US <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">33578</div>			Mailing Address 9303 ALICE LANE RIVERVIEW, FL 33569 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2924117	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAGONI, PEPPE 9303 ALICE LANE RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature (typed or printed name of registered agent and time filed) Date (NOTE: Registered Agent's signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P DRAGONI, PEPPE 9303 ALICE LANE RIVERVIEW, FL 33569		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE: <i>Pepper Dragoni</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%; text-align: right;"> <div style="font-size: 1.5em; margin-bottom: 10px;">1/9/08</div> <small>Date</small> </div> </div>					