2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# K65172

Entity Name: ZOM ADMINISTRATION, INC.

Current Principal Place of Business:

1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-2931708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZOM DEVELOPMENT, INC.
1950 SUMMIT PARK DR
SUITE 300
ORLANDO, FL 32810 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:	DP	( ) Delete
Name:	PATTERSON, STEVEN W	
Address:	1950 SUMMIT PARK DR, STE 300	
City-St-Zip:	ORLANDO, FL 32810	
Title:	S	( ) Delete
Name:	SLATER, JAMES E ESQ	
Address:	1950 SUMMIT PARK DRIVE, SUITE 300	
City-St-Zip:	ORLANDO, FL 32810	
Title:	EVP	( ) Delete
Name:	STEPHENS, SAMUEL C III	
Address:	1950 SUMMIT PARK DRIVE - SUITE 300	
City-St-Zip:	ORLANDO, FL 32810	
Title:	EVP	( ) Delete
Name:	BUCK, STEVEN K	
Address:	1950 SUMMIT PARK DRIVE - SUITE 300	
City-St-Zip:	ORLANDO, FL 32810	
Title:	VT	( ) Delete
Name:	ROSS, KIMBERLY P	
Address:	1950 SUMMIT PARK DRIVE - SUITE 300	
City-St-Zip:	ORLANDO, FL 32810	

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:	

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: SAMUEL C. STEPHENS, III EVP 04/28/2008

Electronic Signature of Signing Officer or Director — Date