2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006400

City-St-Zip:

ORLANDO, FL 32835

FILED Jan 07, 2009 Secretary of State

Entity Name: ZEUS LACROSSE, INC. **Current Principal Place of Business: New Principal Place of Business:** 8652 SUGAR PALM CT ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 8652 SUGAR PALM CT ORLANDO, FL 32835 FEI Number: 26-2965281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBS, BRUCE 8652 SUGAR PALM CT ORLANDO, FL 32835 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JACOBS, BRUCE Name: Name: Address: 8652 SUGAR PALM CT Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JACOBS, TERESA Name: Address: 8652 SUGAR PALM CT Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition JACOBS, MAX Name: Name: 8652 SUGAR PALM CT Address: Address:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BRUCE JACOBS P 01/07/2009