2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N94000000989

Entity Name: ZPAL, INC.

Current Principal Place of Business:

4626 KRUSEN FIELD RD
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1227
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: 59-3209732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMONTE, MARK R
7342 APPLEGATE DRIVE
ZEPHYRHILLS, FL 33540 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAMONTE, MARK
Address: 7342 APPLEGATE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: AD ( ) Delete
Name: LONG, DENA
Address: 5906 VANCO DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: S ( ) Delete
Name: JENKINS, RACHEL
Address: 39047 BLUE JAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: T ( ) Delete
Name: VANDEMHEEM, TABBY
Address: 7838 CHENKIN RD
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MAHON, TRACY
Address: 38540 TRELLIS AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33540

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

SIGNATURE: MARK LAMONTE DIR 01/30/2009

Electronic Signature of Signing Officer or Director Date