

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90194 025 ***150.00

DOCUMENT # P00000025610 1. Entity Name ZAWARE, INC.																													
Principal Place of Business 5050 W LEMON ST TAMPA, FL 33609			Mailing Address 5050 W LEMON ST TAMPA, FL 33609																										
2. Principal Place of Business 5025 West Lemon Street Suite 200 Tampa, FL 33609		3. Mailing Address 5025 West Lemon Street Suite 200 Tampa, FL 33609		<div style="font-size: 24px; font-weight: bold;">40082594</div>																									
City & State Tampa, FL 33609		City & State Tampa, FL 33609		4. FEI Number 59-3647218																									
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BEAN, THOMAS J 5050 W LEMON ST TAMPA, FL 33609				7. Name and Address of New Registered Agent Name THOMAS J. BEAN Street Address 5025 West Lemon Street Suite 200 Tampa, FL 33609 City FL Zip Code 33609																									
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 THOMAS J. BEAN 4-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEAN, THOMAS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5050 W LEMON ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33609</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BEAN, THOMAS J		STREET ADDRESS	5050 W LEMON ST		CITY-ST-ZIP	TAMPA, FL 33609		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">THOMAS J. BEAN</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5025 West Lemon Street</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Suite 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33609</td> <td></td> </tr> </table>			TITLE	THOMAS J. BEAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5025 West Lemon Street		STREET ADDRESS	Suite 200		CITY-ST-ZIP	Tampa, FL 33609	
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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. 4-25-06 SIGNATURE: THOMAS J. BEAN 813-637-2230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													