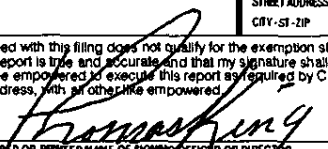


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90259 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80105193

DOCUMENT # P00000040366					
1. Entity Name ZKADA, INC.					
Principal Place of Business 1646 TRADE CENTER WAY NAPLES, FL 34109			Mailing Address 1104 N COLLIER BLVD MARCO ISLAND, FL 34145		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name Michael F. Kayusa, Esq. Street Address (P.O. Box Number is Not Acceptable) 1922 Victoria Ave, Suite A City Fort Myers FL Zip Code 33901	
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 a registered agent.					
SIGNATURE 				DATE 4/29/03	
FILE NOW! FEE \$150.00 ARJ: MBV - 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-ST-ZIP VPD KING, THOMAS 1104 N COLLIER BLVD MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP P/D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KRUMM, TERRY 1104 N COLLIER BLVD. MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: 				DATE 4/29/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR20034 (10/02)