

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088115

FILED
Apr 30, 2004
Secretary of State

Entity Name: ZOOM TECHNOLOGIES, INC.

Current Principal Place of Business:

101 S.E. 6TH AVENUE
SUITE D
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

101 S.E. 6TH AVENUE
SUITE D
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-1135399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUTHMAN, MAUREEN ESQ.
101 S.E. 6TH AVENUE
SUITE D
DELRAY BEACH, FL 33483

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: ORTIZ, DEBRA
Address: 151 CASA ROBLES DR
City-St-Zip: MORAVIAN FALLS, NC 28654

Title: DST () Delete
Name: STEIN, RHONDA
Address: 8557 BAY ORCHARD LN
City-St-Zip: CORDOVA, TN 38018

Title: DV () Delete
Name: HARRISON, JOSEPH TODD
Address: 101 SE 6TH AVE STE D
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: TURNER, ANTHONY S
Address: 101 S.E. 6TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY S TURNER

D

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date