


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90014 024 ***158.75

DOCUMENT # P01000111578	
1. Entity Name Z. SOFR INC.	

Principal Place of Business 10800 US HWY 19 N STE 218 PINELLAS PARK FL 33782	Mailing Address 10800 US HWY 19 N STE 218 PINELLAS PARK FL 33782
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2. Principal Place of Business 6104 59th PL N.	3. Mailing Address 6104 59th PL N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg	City & State St. Petersburg
Zip 33709-1822	Zip 33709-1822
Country FLORIDA	Country FLORIDA



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3757137		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SOFR, ZDENEK 10800 US HWY 19 N STE 218 PINELLAS PARK FL 33782		
7. Name and Address of New Registered Agent Name SoFr, ZDENEK Street Address (P.O. Box Number is Not Acceptable) 6104 59th PL N City St. Petersburg FL Zip Code 33709-1822		

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  DATE **01/29/06**

Signature, type or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOFR, ZDENEK		NAME SOFR, ZDENEK	
STREET ADDRESS 10800 US HWY 19 N STE 218		STREET ADDRESS 6104 59th PL N	
CITY-ST-ZIP PINELLAS PARK FL 33782		CITY-ST-ZIP St. Petersburg FL 33709-1822	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  DATE **01/29/06** (727) **-6561959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR