


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000028549 1. Entity Name ZONETEK, INC.	
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Principal Place of Business 9033 HOGANS BEND TAMPA, FL 33647	Mailing Address 9033 HOGANS BEND TAMPA, FL 33647
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**DO NOT WRITE IN THIS SPACE**



05202006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0565077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, OTTO  
 9033 HOGANS BEND  
 TAMPA, FL 33647

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKAND, OTTO 9033 HOGANS BEND TAMPA, FL 33647
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 06/14/06-80001-019 150.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: *Otto Strickland*; Otto Strickland 6/14/06 813-335-4561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #