


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90023 009 ***150.00

DOCUMENT # P02000084545	
1. Entity Name ZANNEX, INC.	

Principal Place of Business 10911 BONITA BCH RD., #208-1 BONITA SPRINGS FL 34135	Mailing Address P. O. BOX 9205 NAPLES FL 34101-9205
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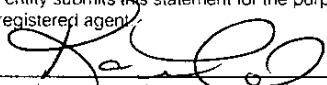


2. Principal Place of Business 1575 Pine Ridge Rd	3. Mailing Address →
Suite, Apt. #, etc. Suite 10	Suite, Apt. #, etc. →
City & State Naples, FL	City & State →
Zip 34109	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 01-0743393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENSLEY, KAREY 10911 BONITA BCH RD., #208-1 BONITA SPRINGS FL 34135	
7. Name and Address of New Registered Agent Name Karen A. Caco Street Address (P.O. Box Number is Not Acceptable) 1575 Pine Ridge Rd #10 City Naples FL Zip Code 34109	

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.

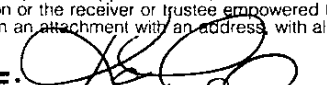
SIGNATURE  DATE **2/20/06**

Signature, typed or printed name of registered agent, and file it applicable (NOTE: Registered Agent signature required when re-stating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D CACO, KAREN P. O. BOX 9205 NAPLES FL 34010-9205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Director DATE **Feb 20/06** 239/649-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR