


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 032 ***150.00

DOCUMENT # P02000084545 1. Entity Name ZANNEX, INC.					
Principal Place of Business 1575 PINE RIDGE RD STE 10 NAPLES, FL 34109			Mailing Address 1575 PINE RIDGE RD STE 10 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # 720 FIFTH Avenue South		3. Mailing Address 720 FIFTH Avenue South			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State NAPLES, FL		City & State NAPLES, FL			
Zip 34102		Country USA		Zip 34102	
Country USA		Country USA			
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 CACO, KAREN A 1575 PINE RIDGE RD 10 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name CACO KAREN A. Street Address (P.O. Box Number is Not Acceptable) 720 FIFTH Avenue South Suite 200 City NAPLES FL Zip Code 34102		
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 <u><i>Karen A. Caco</i></u> DATE <u>5/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
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 340109205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACO KAREN 720 FIFTH Avenue South, Ste 200 NAPLES, FL 34102	<input checked="" 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 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: <u><i>Karen A. Caco</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/16/07</u> <small>Date Daytime Phone #</small>		

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