

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 020 ***158.75

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04172008 Chg-P CR2E034 (11/05)

DOCUMENT # P02000113355			
1. Entity Name CORZA INNOVATIONS, INC.			
Principal Place of Business 7109 VALIANT COURT ORLANDO, FL 32818		Mailing Address 7109 VALIANT COURT ORLANDO, FL 32818	
2. Principal Place of Business 5044 Wise Bird Dr Suite, Apt. #, etc. Windermere, FL City & State		3. Mailing Address 5044 Wise Bird Dr Suite, Apt. #, etc. Windermere, FL City & State	
Zip 34786	Country USA	Zip 34786	Country USA

4. FEI Number 51-0446060	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORSER, SIMON G 7109 VALIANT COURT ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name Corser, Simon G Street Address (P.O. Box Number is Not Acceptable) 5044 Wise Bird Dr City Windermere FL Zip Code 34786	
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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 *Simon Corser* *Director* *4/17/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 CORSER, SIMON G 7109 VALIANT COURT ORLANDO, FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corser, Simon G 5044 Wise Bird Dr. Windermere, FL 34786 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Simon Corser* *Director* *4/17/06* *407 288 4825*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #