


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000116259 1. Entity Name ZLY, INC.	
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Principal Place of Business 1710 N HERCULES AVENUE SUITE 114 SUITE 114 CLEARWATER, FL 33765	Mailing Address 1710 N HERCULES AVENUE SUITE 114 CLEARWATER, FL 33765
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01142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1640122	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLD, AARON J 704 WEST BAY STREET TAMPA, FL 33606

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 _____
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, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZLYDASEK, EUGENE J JR 1710 N HERCULES AVENUE SUITE 114 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZLYDASEK, MARY ELLEN 1710 N HERCULES AVENUE SUITE 114 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZLYDASEK, DEBORAH A 1710 N HERCULES AVENUE SUITE 114 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000595656 01/23/07-80048-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **1/18/07** **727 4660502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #