

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90027 001 ***150.00

DOCUMENT # *P03000046705*
1. Entity Name
THE ZION GROUP, INC

DO NOT WRITE IN THIS SPACE

54027050

2. Principal Place of Business 7853 GUNN HWY STE 337		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33626	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1664020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name BRIAN SCOTT THOMAS	
Street Address (P.O. Box Number is Not Acceptable) 7853 GUNN HWY, 337	
City TAMPA	Zip Code 33626

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
-Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRIAN SCOTT THOMAS 7853 GUNN HWY, 337 TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DORIS PADRO 7853 GUNN HWY, 337 TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CYNTHIA THOMAS 7853 GUNN HWY, 337 TAMPA, FL 33626
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris Padro* **DORIS PADRO** **3/10/04** **(813)786-3240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #