2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000077965

1. Entity Name

ZD-PROPERTIES,INC.



Mailing Address

Principal Place of Business 7385 VIA LEONARDO LAKE WORTH, FL 33467

7385 VIA LEONARDO LAKE WORTH, FL 33467

FILED Jun 05, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

05302006 NO Crig-F	CRZ	CR2E034 (11/03)	
4. FEI Number		Applied For	
02-0699789		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIST, MICHAEL 7385 VIA LEONARDO LAKE WORTH, FL 33467

SIGNATURE:

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							
	and the second s	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	P LIST, MICHAEL 7385 VIA LEONARDO LAKE WORTH, FL 33467	,		U00000566711 06/05/06-80005-001 150.00 DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-S1-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with his filling 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 accurrate and that my tignature 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 empoyeered as facule 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 empoyers.							

NTED NAME OF SIGNING OFFICER OR DIRECTOR