


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000112902	
1. Entity Name ZION LANE CORPORATION	

Principal Place of Business 1645 BARTLETT AVENUE ORANGE PARK, FL 32073	Mailing Address 1645 BARTLETT AVENUE ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3705515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOMONGSOD, BERNARDO A 1645 BARTLETT AVE. ORANGE PARK, FL 32073

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P LOMONGSOD, BERNARDO A 1645 BARTLETT AVE. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ACORDA, ADOLFO R 5950 LONGCHAMP DR. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S IGNACIO, MARIA L 8548 COLONY PINE CIR. W JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ACRIBAL, EVELYN L 5728 WUSH OAK DR. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMONGSOD, RAYMUNDO A 6141 SHELTER CREEK SAN BRUNO, CA 94066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTOMAURO, JANE L 1515 NE 190TH ST. SEATTLE, WA 98155

U00000356866
05/04/05-80051-018 150.00

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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)(f), 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>BERNARDO A. LOMONGSOD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-28-2005 (904) 264-9570 Date Daytime Phone #
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