

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90189 035 ***158.75

40065510



04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000134208 1. Entity Name Z MANAGEMENT GROUP, INC.					
Principal Place of Business 215 S MONROE ST STE 420 TALLAHASSEE, FL 32301-1841			Mailing Address 139 COYATEE CIRCLE LOUDON, TN 37774		
2. Principal Place of Business 106 Woodsmuir Ct Suite, Apt. #, etc.		3. Mailing Address 106 Woodsmuir Ct Suite, Apt. #, etc.			
City & State Palm Beach Gardens, FL Zip 33418		City & State Palm Beach Gardens, FL Zip 33418		4. FEI Number 76-0748161	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PURNELL, HAROLD F 215 S MONROE ST STE 420 TALLAHASSEE, FL 32301-1841			7. Name and Address of New Registered Agent Name Dennis Laughlin Street Address (P.O. Box Number if Not Acceptable) 106 Woodsmuir Ct City Palm Beach Gardens FL Zip Code 33418		
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>			DATE 4-28-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN, DENNIS 139 COYATEE CIRCLE LONDON, TN 37774 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 Woodsmuir Ct 33418 Palm Beach Gardens, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAUGHLIN, NANCY 139 LOYATEE CIRCLE LOUDON, TN 37774 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 Woodsmuir Ct. Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-28-05 <small>Date Daytime Phone #</small>		