2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State

Principal Piace of Business Mailing Address 106 WOODSMIR CT	DOCUMENT # P03000134208 1. Entity Name Z MANAGEMENT GROUP, INC.					TO SECOND		7 90205 025 ***1.	58.75
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Suite, Apt. #, etc.	106 WOODSMUIR CT		106 WOODSMUIR CT						
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
2/2 Country 2/2 Country 2/2 Country 2/2 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required* \$8.75 Additional Fee Required*	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007	Chg-P	CR2E034 (12/06)	
5. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name N	City & State		City & State						
1. Name and Address of New Registered Agent	Zip	Country	Zip	Country		5. Certificate	of Status Desired		
LAUGHLIN, DENNIS 106 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Slate of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 INITE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INITE PD OBER INITE OF WOODSMUIR CT OITY St. 2P PALM BEACH GARDENS, FL 33418 INITE OIS WOODSMUIR CT OITY St. 2P PALM BEACH GARDENS, FL 33418 INITE OIS WOODSMUIR CT OITY St. 2P PALM BEACH GARDENS, FL 33418 INITE OIS WOODSMUIR CT OITY St. 2P OITY St. 2P INITE OIS WOODSMUIR CT OITY St. 2P OITY St. 2P INITE OITY St. 2P OITY St.	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	I ALICHUM DENNIC				Name				
B. 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: Signature: Signature: Interest or prised numer of reportered agent and titled applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE PD LAUGHLIN, DENNIS 106 WOODSMUIR CT CITY-ST-2P PALM BEACH GARDENS, FL 33418 INTEL V Detele INTE VAUGHLIN, NANCY 106 WOODSMUIR CT 107-ST-2P PALM BEACH GARDENS, FL 33418 INTEL VAUGHLIN, DENNIS RJR STREET ADDRESS CITY-ST-2P Detele INTEL VAUGHLIN, DENNIS RJR STREET ADDRESS CITY-ST-2P Detele INTEL VAUGHLIN, DENNIS RJR STREET ADDRESS CITY-ST-2P Detele INTEL MAME SIRET ADDRESS CITY-ST-2P Change Addition Addition Addition MAGE SIRET ADDRESS CITY-ST-2P Change Addition MAGE SIRET ADDRESS CITY-ST-2P Change Addition MAGE SIRET ADDRESS CITY-ST-2P SIRET A	106 WOODSMUIR CT				Street Address (P.O. Box Number is Not Acceptable)				
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12. I hereby certify that the information supplied with this filing does not quality 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

561-626-8747

Daytime Phone #