


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90018 037 ***158.75

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000134208 |  |
| 1. Entity Name Z MANAGEMENT GROUP, INC. | |

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|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 106 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 | Mailing Address 106 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

| | |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------------------------------------------------------|---------------------------------------|
|  | |
| 04022008 | Chg-P CR2E034 (12/06) |
| 4. FEI Number 76-0748161 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
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| 6. Name and Address of Current Registered Agent LAUGHLIN, DENNIS 106 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 | |
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|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAUGHLIN, DENNIS 106 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LAUGHLIN, NANCY 106 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LAUGHLIN, DENNIS R JR 1052 NW 18TH AVE BOCA RATON, FL 33486 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3284 N. 29th Ct. Hollywood, FL 33020 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 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: Randy A. Greenlee **4/2/08 561-626-8747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #