

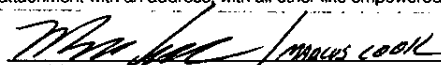


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90014 010 \*\*\*150.00

<b>DOCUMENT # P03000154540</b> 1. Entity Name <b>ZOOLOGICAL MANAGEMENT SERVICES, INC.</b>																																	
Principal Place of Business <b>424 E CENTRAL BLVD STE 332 ORLANDO, FL 32801</b>		Mailing Address <b>424 E CENTRAL BLVD STE 332 ORLANDO, FL 32801</b>																															
2. Principal Place of Business <b>SAME</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		<b>44051905</b> 																													
City & State 		City & State		4. FEI Number 08032004      Chg-P      CR2E034 (10/03)																													
Zip 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name <b>NO CHANGE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b>NO CHANGE</b> DATE																																	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; text-align: right;">Change <input type="checkbox"/>      Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td style="height: 40px;"> <b>DIRECTOR M. COOK 465 KENYA ST CEDAR HILL, TX 75104</b> </td> <td></td> </tr> <tr> <td style="height: 40px;"> <b>DIRECTOR M. COOK 465 KENYA ST. CEDAR HILL, TX 75104</b> </td> <td style="text-align: right;">Change <input type="checkbox"/>      Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: right;">Change <input type="checkbox"/>      Addition <input type="checkbox"/></td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: right;">Change <input type="checkbox"/>      Addition <input type="checkbox"/></td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: right;">Change <input type="checkbox"/>      Addition <input type="checkbox"/></td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: right;">Change <input type="checkbox"/>      Addition <input type="checkbox"/></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	<b>DIRECTOR M. COOK 465 KENYA ST CEDAR HILL, TX 75104</b>		<b>DIRECTOR M. COOK 465 KENYA ST. CEDAR HILL, TX 75104</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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)(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.																																	
<b>SIGNATURE:</b> 			Date <b>08/02/04</b>		Daytime Phone # <b>214-325-6293</b>																												