


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

03-14-2005 90103 013 ***150.00

DOCUMENT # P04000067333	
1. Entity Name ZIVOT INTERNATIONAL CORPORATION	

Principal Place of Business 734 W COLONIAL DR ORLANDO, FL 32804	Mailing Address P O BOX 540795 ORLANDO, FL 32854
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66025849



2. Principal Place of Business 1321 EDGEWATER DR.	3. Mailing Address
Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc.
City & State ORLANDO, FL.	City & State
Zip 32804	Country US

08122005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1332606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLOWER, BRUCE W 511 N MAITLAND AVE MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name HARRIOT E. ROBERTS Street Address (P.O. Box Number is Not Acceptable) 1321 EDGEWATER DR. SUITE 1 City ORLANDO FL Zip Code 32804
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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 *Harriot E. Roberts* DATE 8/12/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, HARRIOT 734 W COLONIAL ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIOT E. ROBERTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 EDGEWATER DR SUITE 1 ORLANDO, FL. 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, THOMAS C 734 W COLONIAL ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS C. ROBERTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 EDGEWATER DR SUITE 1 ORLANDO, FL. 32804
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
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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: *Thomas C Roberts* DATE 8/11/05 (407) 425-5387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

66625849

DOCUMENT # P04000067333 1. Entity Name ZIVOT INTERNATIONAL CORPORATION					
Principal Place of Business 734 W COLONIAL DR ORLANDO, FL 32804			Mailing Address P O BOX 540795 ORLANDO, FL 32854		
2. Principal Place of Business 1321 Edgewater Drive Suite, Apt. #, etc. Suite 1		3. Mailing Address Suite, Apt. #, etc. <div style="background-color: black; width: 100%; height: 20px;"></div>		01222005 Chg-P CR2E034 (10/03)	
City & State Orlando, FL		City & State <div style="background-color: black; width: 100%; height: 20px;"></div>		4. FEI Number 20-1332606	
Zip 32804		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOWER, BRUCE W 511 N MAITLAND AVE MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</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 ROBERTS, HARRIOT 734 W COLONIAL ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 Edgewater Drive, Suite 1 Orlando, FL 32804	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, THOMAS C 734 W COLONIAL ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 Edgewater Drive, Suite 1 Orlando, FL 32804	
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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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

CLIENT'S COPY

ATTACHMENT

66025849

State of Fla.,

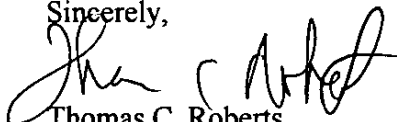
Aug 12, 2005

I believe there has been a mixup of our file. We never received a reject letter telling us that there was any confusion. The top copy has the correct info on it. We have already paid the \$150.00 in a timely fashion(see attached copy of cancelled check #1007).

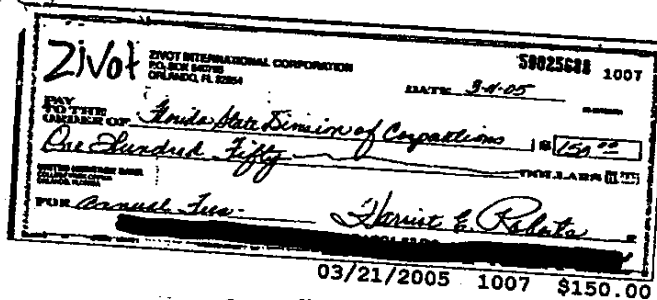
The second copy is the one we sent in to you in March, 05. The addresses are correct. The only change on the top doc. is a new registered agent.

Under the circumstances, we should not have to pay a penalty as we complied with all that was asked of us.

Sincerely,



Thomas C. Roberts
Zivot International Corp.



Zivot ZIVOT INTERNATIONAL CORPORATION
POLICE BOX 1007
ORLANDO, FL 32804

DATE: 3-4-05

58025688 1007

PAY TO THE ORDER OF: Florida State Division of Corporations

One Hundred Fifty

FOR Annual Fee

03/21/2005 1007 \$150.00