


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000129854	
1. Entity Name ZENIX SYSTEMS INCORPORATED	

FILED

07 MAY 14 AM 9:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



Principal Place of Business 7320 EAST FLETCHER AVENUE #309 TAMPA, FL 33637 US	Mailing Address 7320 EAST FLETCHER AVENUE #309 TAMPA, FL 33637 US
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2. Principal Place of Business - No P.O. Box # 11631-1 Columbia Park Dr.	3. Mailing Address 9999 Old Lem Turner Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05112007 Chg-P CR2E034 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 20-1691856	Applied For Not Applicable
Zip 32258	Country Duval	Zip 32208	Country Duval
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LYVERS, TIMOTHY J 2638 BRIDLE DRIVE PLANT CITY, FL 33566	7. Name and Address of New Registered Agent Name Harold E. Garrett Street Address (P.O. Box Number is Not Acceptable) 9999 Old Lem Turner Road City Jacksonville FL Zip Code 32208
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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: *Harold E. Garrett Jr.* May 11, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LYVERS, TIMOTHY J <input checked="" type="checkbox"/> Delete 7320 EAST FLETCHER AVENUE, #309 TAMPA, FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Harold E. Garrett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9999 Old Lem Turner Road Jacksonville, Florida 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR GARRETT, HAROLD E <input checked="" type="checkbox"/> Delete 7320 EAST FLETCHER AVENUE, #309 TAMPA, FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200103132352 05/24/07--01013--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LYVERS, TIMOTHY J <input checked="" type="checkbox"/> Delete 7320 EAST FLETCHER AVENUE, #309 TAMPA, FL 33637	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	<i>08/5/22</i> <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 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: *Harold E. Garrett Jr.* May 11, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #