

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142690

Entity Name: ZEN SOAPS INC

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

639 RAMONA LANE #1  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

639 RAMONA LANE #1  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 20-1771418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARBER, ELLIOTT  
639 RAMONA LANE #1  
ORLANDO, FL 32805 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: BARBER, ELLIOTT  
Address: 639 RAMONA LANE #1  
City-St-Zip: ORLANDO, FL 32805

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STARKWEATHER, HELEN  
Address: 639 RAMONA LANE #1  
City-St-Zip: ORLANDO, FL 32805

Title: T ( ) Change (X) Addition  
Name: BARBER, ELLIOTT  
Address: 639 RAMONA LANE #1  
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOTT BARBER

T

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date