


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158999 1. Entity Name CAPTAIN ZOOM PRODUCTS, INC.	
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Principal Place of Business 4976 BOCAIRE BOULEVARD BOCA RATON, FL, 33487	Mailing Address 4976 BOCAIRE BOULEVARD BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1968215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STILLER, ROBERT A
4976 BOCAIRE BOULEVARD
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STILLER, ROBERT A SR. 4976 BOCAIRE BOULEVARD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STILLER, CYNTHIA S 4976 BOCAIRE BOULEVARD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT STILLER, CYNTHIA S 4976 BOCAIRE BOULEVARD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES STILLER, ROBERT A 4976 BOCAIRE BOULEVARD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/06 00003-019 150.00

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IN THIS SPACE**

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: Robert Stiller Robert Stiller 1/17/06 561-997-1652
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #