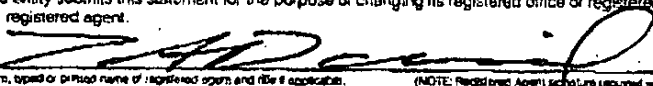
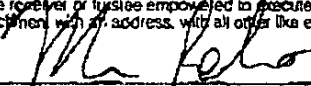


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90037 001 ***317.50

DOCUMENT # P05000048906					
1. Entity Name ZEBRA LAND, INC.					
Principal Place of Business 23412 NW CR 167 FOUNTAIN, FL 32438			Mailing Address PO BOX 621 FOUNTAIN, FL 32438		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 87-0743214				Applied For Not Applicable	
5. Certificate of Status Desired ☒ 88.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROBERTS, MARCUS 23412 NW CR 167 FOUNTAIN, FL 32438			7. Name and Address of New Registered Agent Name Thomas A. David Street Address (P.O. Box Number Is Not Acceptable) Cooper & Byrne, PLLC 3520 Thomasville Road, Suite 200 City Tallahassee FL 32303		
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 				DATE 8/22/06	
SIGNATURE (Typed or printed name of registered agent and file if applicable)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D ROBERTS, MARCUS ☐ Delete add title				
NAME	PO BOX 621				
STREET ADDRESS	FOUNTAIN, FL 32438				
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PSTD ☐ Change ☒ Addition				
NAME	MARCUS ROBERTS, PO BOX 621				
STREET ADDRESS	FOUNTAIN, FL 32438				
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  MARCUS ROBERTS				2-25-06 880722 851	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR				DATE	