## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000097504

Entity Name: ZEO RECORDS, INC

FILED Nov 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1294-B OLD CONGRESS AVE. 3705 ROUSE RD WEST PALM BEACH, FL 33409 ORLANDO, FL 32817

Current Mailing Address: New Mailing Address:

1294-B OLD CONGRESS AVE. 3705 ROUSE RD WEST PALM BEACH, FL 33409 ORLANDO, FL 32

FEI Number: 20-3153108 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZIEGLER, GLENN A ESQ

301 WEST ATLANTIC AVENUE
L-8
DELRAY BEACH, FL 33444 US

CAMPBELL, DAVID R M.D.
2055 MILITARY TRAIL
STE303
JUPITER, FL 33458 US

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

in the State of Florida.

SIGNATURE: DAVID CAMPBELL 11/10/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: ZIEGLER, GLENN A ESQ Name: CAMPBELL, DEREK

 Address:
 301 WEST ATLANTIC AVENUE L-8
 Address:
 3705 ROUSE ROAD

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:
 ORLANDO, FL 32817

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: CAMPBELL, DAVE MD Name: CAMPBELL, DAVID MD

Address: 301 WEST ATLANTIC AVENUE L-8APT L-8
City-St-Zip: DELRAY BEACH, FL 33444 US
City-St-Zip: JUPITER, FL 33458 US

Title: ( ) Delete Title: TR ( ) Change (X) Addition

 Name:
 Name:
 CAMPBELL, DAVID R MD

 Address:
 Address:
 2055 MILITATRY TRAIL STE 303

 City-St-Zip:
 City-St-Zip:
 JUPITER,, FL 33458 US

 Title:
 ( ) Delete
 Title:
 SC ( ) Change (X) Addition

 Name:
 Name:
 CAMPBELL, DAVID R MD

 Address:
 Address:
 2055 MILITARY TRAIL STE 303

City-St-Zip: City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify 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: DAVID ROY CAMPBELL MD VPD 11/10/2008