


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90002 025 ***150.00

DOCUMENT # P05000120196		
1. Entity Name ZBROS, INC.		

Principal Place of Business 1906 SPOONBILL STREET JACKSONVILLE, FL 32224 US	Mailing Address 1906 SPOONBILL STREET JACKSONVILLE, FL 32224 US
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2. Principal Place of Business 2400 S. RIDGEWOOD AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State S. DAYTONA FL	City & State
Zip 32119	Country US

60011052



01052006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3393272	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWARD J. SMITH, P.A. 12443 SAN JOSE BLVD SUITE 1004 JACKSONVILLE, FL 32223	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (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. <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President Anthony Zaffuto 2400 S. Ridgewood Ave #63C S. Daytona, FL 32119	<input type="checkbox"/> Delete		
President Dan Zaffuto 2400 S. Ridgewood Ave #63C S. Daytona, FL 32119	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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 and other like empowered.

SIGNATURE: _____ **1/30/06** **386-322-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR