2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019621

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FILED Apr 24, 2007 Secretary of State

Entity Name: ZIMEK TECHNOLOGIES MANAGEMENT COMPANY

Current P	rincipal Place	e of Business:		New Principal Place of Business:						
	WOOD WAY			8810 COMMODITY C	IRCLE					
ORLANDO	D, FL 32819			SUITE 27 ORLANDO, FL 32819)					
Current M	lailing Addre	ss:		New Mailing Address:						
5043 WIN\	WOOD WAY			8810 COMMODITY CIRCLE						
ORLANDO	D, FL 32819			SUITE 27 ORLANDO, FL 32819)					
El Number	: 20-4287312	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()					
Name and	Address of (Current Registered Agent:		Name and Address	of New Registered Agent:					
	N, KURT E									
	WOOD WAY D, FL 32819	US								
	•									
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing its registere	d office or registered agent, or both,					
SIGNATUR	RE:									
	Electro	nic Signature of Registered Age	ent		Date					
Election Car	mpaign Financin	g Trust Fund Contribution ().								
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Γitle:	D () Delete		Title:	() Change () Addition					
√ame: √ddress:	BECKETT, RO 7624 SAN REN			Name: Address:						
City-St-Zip:	ORLANDO, FL			City-St-Zip:						
Title:	D (X	() Delete		Title:	() Change () Addition					
Name:	WHITE, THOM	AS E		Name:						
Address:		ESTONE LANE		Address:						
City-St-Zip:	CLERMONT, F	L 34/11		City-St-Zip:						
Title:	*) Delete		Title:	() Change () Addition					
Name:	SPARKS, DAV			Name:						
Address: City-St-Zip:	THONOTOSAS	TOSASSA ROAD SSA, FL 33592		Address: City-St-Zip:						
Title:	D () Delete		Title:	() Change () Addition					
Name:	GROSMAN, KU			Name:	() Shange () hadden					
\ddress:	5043 WINWO	DD WAY		Address:						
City-St-Zip:	ORLANDO, FL	32819		City-St-Zip:						
Γitle:	*	() Delete		Title:	() Change () Addition					
Name:	WHITE, MICHA			Name:						
\ddress: `itv_St_Zin:	17429 COBBL CLERMONT, F	ESTONE LANE		Address:						
City-St-Zip:	CLERIVIONT, F	L 34/11		City-St-Zip:						

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:	KURT	Έ.	GRO:	SMAN	1				D	~~	04/24/2007	
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