

**ANNUAL REPORT****DOCUMENT # P06000025745**1. Entity Name  
**CONTRA VERSE INC.****FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90101 034 \*\*\*158.75

Principal Place of Business  
**1421 Pinecrest Place  
ORLANDO, FL 32803**Mailing Address  
**1421 Pinecrest Place  
ORLANDO, FL 32803**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-P

CR2E034 (12/06)

City &amp; State

City &amp; State

4. FEI Number

22-3921925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145****7. Name and Address of New Registered Agent**Name **MARY ALICIA ZIFF**

Street Address (P.O. Box Number is Not Acceptable)

**1421 PINECREST PLACE**City **ORLANDO****FL**Zip Code **32803**

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, 2007 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  
**DPST  
ZIFF, ANDREA  
5144 CITY STREET, APT.226  
ORLANDO, FL 32839** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
ZIFF, ANDREA  
5144 CITY STREET, APT.226  
ORLANDO, FL 32839** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY/TREASURER  
ZIFF, MARY ALICIA  
1421 PINECREST PLACE  
ORLANDO, FL 32803** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Mary Alicia Ziff*

MARY ALICIA ZIFF, SECRETARY/TREASURER APRIL 30, 2007 407-895-1892