## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000128226

Entity Name: ZEN AMERICA INC

City-St-Zip:

GAINESVILLE, FL 32606

FILED Apr 29, 2009 Secretary of State

Entity Nan	1e: ZEN AMEI	RICA IINC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
18501 NW HIGH SPRI	CR 236 NGS, FL 3264	3 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2824 NE 21ST WAY, SUITE B1 GAINESVILLE, FL 32609 US			3737 NW 39TH PLACE GAINESVILLE, FL 32606	S US	
FEI Number:	74-3193191	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
MODI, PANKAJ R D 18501 NW CR 236 HIGH SPRINGS, FL 32643 US			MODI, PANKAJ R 3737 NW 39TH PLACE GAINESVILLE, FL 32606		
The above in the State		ubmits this statement for the p	urpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: PANKAJ MODI				04/29/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MODI, PANKAJ F 3737 NW 39TH F GAINESVILLE, F	PL	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MODI, MAMTA P 3737 NW 39TH F GAINESVILLE, F	PL	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address:	D () I SHAH, KRIMISH 3737 NW 39TH I		Title: ( ) Name: Address:	Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: PANKAJ MODI D 04/29/2009