

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128226

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ZEN AMERICA INC.

## Current Principal Place of Business:

18501 NW CR 236  
HIGH SPRINGS, FL 32643 US

## New Principal Place of Business:

## Current Mailing Address:

2824 NE 21ST WAY, SUITE B1  
GAINESVILLE, FL 32609 US

## New Mailing Address:

3737 NW 39TH PLACE  
GAINESVILLE, FL 32606 US

FEI Number: 74-3193191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MODI, PANKAJ R D  
18501 NW CR 236  
HIGH SPRINGS, FL 32643 US

## Name and Address of New Registered Agent:

MODI, PANKAJ R  
3737 NW 39TH PLACE  
GAINESVILLE, FL 32606 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.

SIGNATURE: PANKAJ MODI

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MODI, PANKAJ R  
Address: 3737 NW 39TH PL  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D ( ) Delete  
Name: MODI, MAMTA P  
Address: 3737 NW 39TH PL  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D ( ) Delete  
Name: SHAH, KRIMISH D  
Address: 3737 NW 39TH PL  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PANKAJ MODI

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date