2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062746

Entity Name: DORZA INC.

City-St-Zip:

JACKSONVILLE, FL 32277

FILED Mar 26, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	E EFFIE COUP IVILLE, FL 32:				
Current Mailing Address:			New Mailing Address:		
	E EFFIE COUF IVILLE, FL 32				
FEI Number	: 26-0701263	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	RUCE D E EFFIE COUP IVILLE, FL 32:				
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (BEARD, BRUC 3272 LAKE EF JACKSONVILL	FIE COURT N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BEARD, ZAND 3272 LAKE EF JACKSONVILL	FIE COURT N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BEARD, ZANE) Delete ESHA L FIE COURT NORTH	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: BRUCE DARRYL BEARD PRES 03/26/2009