2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000044067

Entity Name: ZYLOTEC CORP.

FILED Jul 22, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1004 COLLIER CENTER WAY STE 100 26381 S TAMIAMI TRAIL NAPLES, FL 34110

SUITE 130

BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

1004 COLLIER CENTER WAY STE 100 P.O. BOX 367809

NAPLES, FL 34110 BONITA SPRINGS, FL 34136

FEI Number: 26-2514117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE STE 4 WESTON, FL 33331

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SUMMER, SUSAN L SUMMER, SUSAN L Name: Name:

1004 COLLIER CENTER WAY STE 100 26381 S TAMIAMI TRAIL, SUITE 130 Address: Address:

City-St-Zip: NAPLES, FL 34110 City-St-Zip: BONITA SPRINGS, FL 34134

Title: DTS Title: DTS (X) Change () Addition () Delete

Name: DONATHAN, KELLY Name: DONATHAN, KELLY

1004 COLLIER CENTER WAY STE 100 26381 S TAMIAMI TRAIL, SUITE 130 Address: Address: NAPLES, FL 34110 BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

LAUX, J. PATRICK Name: Name: 72 GREYWOLF Address: Address: City-St-Zip: SANTA FE, NM 87506 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: KELLY DONATHAN DTS 07/22/2009