2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066323

Entity Name: ALZEN CORPORATION

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3300 ABALONE BLVD. ORLANDO, FL 32833 **Current Mailing Address: New Mailing Address:** 3300 ABALONE BLVD. ORLANDO, FL 32833 FEI Number: 80-0220641 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: VELMONTE, BENJAMIN V CPA CURA, ZENAIDA E 3815 RAMIRO STREET 3300 ÁBALONE BLVD SEBRING, FL 33872 ORLANDO, FL 32833 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: ZENAIDA E. CURA 04/29/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CURA, ALFONSO R Name: Name: 3300 ABALONE BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32833 City-St-Zip: () Delete Title: VD Title: () Change () Addition CURA, ZENAIDA E Name: Name: 3300 ABALONE BLVD. Address: Address: ORLANDO, FL 32833 City-St-Zip: 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: ZENAIDA E. CURA VD 04/29/2009