2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# P08000071029

Entity Name: ZENN HEALTHCARE INC.

Current Principal Place of Business:

5291 SHADOWLAWN AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5291 SHADOWLAWN AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 26-3075202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

M B ACCOUNTING
11706 U S HWY 301
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: GORDON, GEORGE I
Address: 937 SHOALS LANDING DRIVE
City-St-Zip: BRANDON, FL 33511

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: MCTIGUE JR, EDWARD J
Address: 3146 BENT CREEK
City-St-Zip: VALRICO, FL 33592

Title: DVPS ( ) Change (X) Addition
Name: MCTIGUE, JENNIFER
Address: 3146 BENT CREEK DR
City-St-Zip: VALRICO, FL 33596

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: EDWARD J MCTIGUE JR PRES 06/09/2009

Electronic Signature of Signing Officer or Director — Date