2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

1974 N 274

Mar 04, 2005 8:00 am Secretary of State 03-04-2005 90097 033 ***150.00 DOCUMENT # P93000027958 ZONAL HOSPITALITY SYSTEMS, INC. Principal Place of Business Mailing Address 50022717 206 W SYBELIA AVE 20 N ORANGE AVE STE 407 MAITLAND, FL 32751 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 CR2E034 (10/03) Chg-P Suite 600 City & State City & State 4. FEI Number Applied For 59-3182544 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRY, STONER, DELANCETT, & BROWN 20 N. ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 600 ORLANDO, FL 32801 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VSD TITLE Delete TITLE CFO/D ☐ Change ☑ Addition MCLEAN, ROBIN A Ian Sunter 206 W. Sybelia Ave Maitland, FL 32751 NAME 206 W. SYBELIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP 32751 Delete ☐ Change Addition Stuart MCLean MCLEAN REGINALD R MAME MAME STREET ADDRESS 206 W. SYBELIA AVE STREET ADDRESS 206 W. Sybelia Ave CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Maitland, FL ☐ Delete TITLE 🔲 Саштус ☐ Addition TITLE HAMMOND, RICHARD NAME NAME 206 W. SYBELIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-7/P TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED