


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000008577 1. Entity Name ZYLUX CORPORATION	
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Principal Place of Business 144 RIDGEWAY SQUARE OAK RIDGE, TN 37830 US	Mailing Address 144 RIDGEWAY SQUARE OAK RIDGE, TN 37830 US
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0596621	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOVER, WILLARD D ESQ NILES, DOBBINS, MEEKS, RALEIGH & DOVER 2601 E OAKLAND PARK BLVD 400 FORT LAUDERDALE, FL 33306
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**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000873401 03/29/07-80028-011 150.00
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10. OFFICERS' AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTHOLD, ANSELM VOGESENALLEE 10 PFORZHEIM GERMANY, 75173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST. BERTHOLD, TOBIAS 3907 GLENGARRY DR. AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Anselm Berthold AB 03-05-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #