2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P96000003709 1. Entity Name Z.L.C.M. INVESTMENT CORPORATION Principal Place of Business Mailing Address POST OFFICE BOX 690452 ORLANDO FL 32869 6068 APOPKA/VINELAND RD. SUITE 7 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Act. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied Far 4. FEI Number 59-3379610 Not Applicat: Zio 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 ZAKOUT, ALEXANDRA J Street Address (P.O. Box Number is Not Acceptable) 7621 ORANGE TREE LANE ORLANDO FL 32819 City Zip Code FI 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 fille if applicable (NOTE Reardered Agent superium required when temptational DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Ba After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE ☐ Detete TITLE Change 77 Addition U00000547946 C5/12/06-80044-020 150.00 NAME ZAKOUT, ALEXANDRA J NAME STREET ADDRESS 7621 ORANGE TREE LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP MIL Delete TITLE ☐ Change ☐ Addition DARAIS ZAKOUT, ABRAHAM NAME STREET ADDRESS 7621 ORANGE TREE LANE STREET ADDRESS ORLANDO FL 32819 CHY-ST-ZIP CITY-ST-ZIP HILE Delete บบา ☐ Change Addition NAME MAME STREET ADDRESS STBLET ADDRESS CITY-ST-707 CITY-ST-ZIP TILE Delete 1171 E ☐ Change ☐ Addition NAME haan STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 7171.15 Delete THE □1 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City - \$1 - 2iP 22727 Delete SITES Thange ☐ Addition NAME NAME STREET AUDRESS STREET ACORESS CHY-ST-70P CHY-ST-ZAP

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

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED