

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90017 019 \*\*\*150.00

<b>DOCUMENT # P97000001728</b>					
<b>1. Entity Name</b> ZEM, INC. OF PANAMA CITY					
<b>Principal Place of Business</b> 13312 FRONT BEACH RD PANAMA CITY, FL 32407 US			<b>Mailing Address</b> 137 N BID-A-WEE LN PANAMA CITY BEACH, FL 32413 US		
change Address					
<b>2. Principal Place of Business - No P.O. Box #</b> 7510 "E" THOMAS DRIVE		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc.			
<b>City &amp; State</b> PANAMA City Beach		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3424719	
Zip 32408		Country BAY		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NABORS, SCOTT R 456 HARRISON AVE PANAMA CITY, FL 32401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P CASANOVA-RASCON, ZAIDA L 137 N BID-A-WEE LN PANAMA CITY BCH, FL 32413	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VT RASCON, MIGUEL A 137 N BID-A-WEE LN PANAMA CITY BCH, FL 32413	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">4.9-07</span> SIGNATURE AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR Date Daytime Phone #					