


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000010498 1. Entity Name FILZON, INC. |  |
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|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business 316 N. JOHN YOUNG PARKWAY SUITE 8 KISSIMMEE, FL 34741 | Mailing Address 316 N. JOHN YOUNG PARKWAY SUITE 8 KISSIMMEE, FL 34741 |
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01042006 No Chg P CR2E034 (11/05)

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3516908 | Applied For <input type="checkbox"/> 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
**SHEIVE, KATHY D ESQ.
316 N. JOHN YOUNG PARKWAY
SUITE 8
KISSIMMEE, FL 34741**

**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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000420739 02/16/06-80008-012 150.00 |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D RAMIREZ, ANTONIO I 1200 MARLLO ROAD KISSIMMEE, FL 34744 |
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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: Kathy D. Sheive Kathy D. Sheive 1/9/06 (407) 944 9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #