## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000068338

Entity Name: KZ3 INTERNATIONAL, INC.

FILED Apr 03, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 205 NATIONAL PLACE STE #123 LONGWOOD, FL 32750 US **New Mailing Address: Current Mailing Address:** 542 ESTATES PL 542 ESTATES PL LONGWOOD, FL 32779 LONGWOOD, FL 32779 FEI Number: 59-3461113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAZMAREK, JANET 542 ESTATÉS PLACE LONGWOOD, FL 32779 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition KAZMAREK, MICHAEL R KAZMAREK, MICHAEL R Name: Name: 542 ESTATES PL 542 ESTATES PL Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 PD Title: Title: () Delete PRES (X) Change ( ) Addition KAZMAREK, JANET L KAZMAREK, JANET L Name: Name: 542 ESTATES PL 542 ESTATES PL Address: Address: LONGWOOD, FL 32779 LONGWOOD, FL 32779 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete KAZMAREK, KEVIN M Name: Name: 333 SWEETWATER SPRINGS RD. Address Address: City-St-Zip: City-St-Zip: DEBARY, FL 32713 Title: () Delete Title: VΡ ( ) Change (X) Addition KAZMAREK, KRISTOPHER M Name: Name: Address: Address: 531 TIBERON COVE. City-St-Zip: City-St-Zip: LONGWOOD, FL 32750 Title: Title: () Delete ( ) Change (X) Addition KAZMAREK, JASON B Name: Name: Address: Address: 15 LARKSPUR LN. City-St-Zip: City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET L KAZMAREK PRES 04/03/2008