


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90118 011 \*\*\*150.00

<b>DOCUMENT # P97000089109</b> 1. Entity Name <b>INSTAZORB INTERNATIONAL, INC.</b>			
Principal Place of Business <b>500 NE SPANISH RIVER BLVD SUITE 105 A BOCA RATON, FL 33431 US</b>		Mailing Address <b>500 NE SPANISH RIVER BLVD SUITE 105 A BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business <b>229 SE First Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>229 SE First Avenue</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b> Zip Country <b>33432 USA</b>		City & State <b>BOCA RATON, FL</b> Zip Country <b>33432 USA</b>	
4. FEI Number <b>65-0794831</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORN, FRANCES J SEC 500 NE. SPANISH RIVER BLVD SUITE 105 A BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>229 SE First Avenue</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</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. SIGNATURE <u><i>Frances Corn</i></u> <u><i>FRANCES CORN</i></u> <u><i>3-15-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CORN, FRANCES</b> <b>500 NE SPANISH RIVER BLVD SUITE 105 A</b> <b>BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>229 SE First Avenue</b> <b>BOCA RATON, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WARNER, JAMES F</b> <b>500 N.E. SPANISH RIVER BLVD. #105A</b> <b>BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT</b> <b>THOMAS PAYNE</b> <b>229 SE First Avenue</b> <b>BOCA RATON, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <u><i>Frances Corn</i></u> <u><i>FRANCES CORN</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>3-15-06</i></u> <u><i>561-416-7302</i></u> <small>Date Daytime Phone #</small>	