


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90075 022 ***150.00

DOCUMENT # P98000034198			
1. Entity Name ZNET INTERNET SERVICES, INC.			
Principal Place of Business 1250 MINNESOTA AVE TITUSVILLE, FL 32780		Mailing Address 1250 MINNESOTA AVE TITUSVILLE, FL 32780	
2. Principal Place of Business <i>1250 MINNESOTA AVE</i>		3. Mailing Address <i>1250 MINNESOTA AVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>WINTER PARK FL</i>		City & State <i>WINTER PARK FL</i>	
Zip <i>32789</i>		Zip <i>32789</i>	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZIRBEL, LAURA 1900 HOWELL BRANCH ROAD SUITE #3 WINTER PARK, FL 32792		Name <i>ZIRBEL, LAURA</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>1250 MINNESOTA AVE</i>	
		City <i>WINTER PARK FL</i> Zip Code <i>32789</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIRBEL, LARRY 1900 HOWELL BRANCH ROAD SUITE #3 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>ZIRBEL, LARRY</i> <i>1250 MINNESOTA AVE</i> <i>WINTER PARK FL 32789</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLANDARES, DANIEL K 1900 HOWELL BRANCH RD STE 3 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VALLADARES, DANIEL</i> <i>1250 MINNESOTA AVE</i> <i>WINTER PARK FL 32789</i>
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Laura Zirbel</i>		Date: <i>7/11/05</i>	Daytime Phone #: <i>407-677-6616</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>