

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057958

FILED
Jan 18, 2006
Secretary of State

Entity Name: ZOOLOGICAL EDUCATION NETWORK INC.

Current Principal Place of Business:

2324 S. CONGRESS AVE
SUITE 2A
PALM SPRINGS, FL 33406

New Principal Place of Business:

2324 S. CONGRESS AVE
SUITE 2A
WEST PALM BEACH, FL 33406

Current Mailing Address:

PO BOX 541749
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 65-0846184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DONOGHUE, DANA PRES
13798 COLUMBINE AVE
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

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:

Title: MS. () Delete
Name: HARRISON, LINDA R DIR
Address: PO BOX 541749
City-St-Zip: LAKE WORTH, FL 33454

Title: MS () Delete
Name: O'DONOGHUE, DANA PRES
Address: PO BOX 541749
City-St-Zip: LAKE WORTH, FL 33454

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANA O'DONOGHUE

PRES

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date