2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000076832 1. Entity Name ZON SOLAR, INC.								/	M 9:36	
Principal Place of Business Mailing Address 696 SOUTH YONGE STREET 696 SOUTH YONGE STREE						1		SECRETART D TALLAHASSEE	, FLORIDA	
US1 Ormond Beach, FL 32174				US1 Ormond Beach, FL 32174						
2. Principal Place of Business - No P.O. Box #				lailing Address						
Suite, Apt. #, etc.				uite, Apt. #, etc.			0514200	STATEME	2034 (12/86)	08
City & State				ity & State		4. FEI Nur 59-3	nber 530649		plied For U	
Zip	Country			ip	Cour	ntry	5. Certificate of Status Desired S8.75 Addition Fee Required			
	6. Name	and Address of Current I	egistered Agent			7. Name and Address of New Registered Agent Name				
BALLASH, BARBARA 20 N SOLAR INC ORMOND BEACH, FL 32174						Street Address (P.O. Box Number is Not Acceptable)				
·						City			Zip Code	•
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 Sociation agent agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Fine Trust Fund Contribution						· ·	5.00 May Be Added to Fees	In accordance with s. 6 —corporation did not rec	307.193(2)(b), i elve the prior n	F.S., the
10.	T===	OFFICERS AND I	DIRECT		11.		ADDITION	NS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALLASH, BRAD 696 SOUTH YONGE STREET					E AE EET ADDRESS (+ST-ZIP		.00137018 17/080103700		Addition
TITLE	VS Delete					£			☐ Change	Addition
name Street address City-St-Zip	BALLASH, BARBARA 696 SOUTH YONGE STREET ORMOND BEACH, FL 32174					AE EET ADDRESS Y-ST-ZIP				:
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TITLE NAME				☐ Delete	TITI VAN				Change	Addition
STREET ADDRESS CITY-ST-ZIP					STF	eet address Y-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 eddress with all other like empowered.										
SIGNATURE: 1015 08 (386) 566 2648 SIGNATURE: Designative and Typed gardented name of bigning officer or director										