


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # P98000078257 1. Entity Name ZAT CONSULTING, INC.	
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Principal Place of Business 4628 HARBOUR VILLAGE BLVD. UNIT 2506 PORT ORANGE, FL 32127	Mailing Address 4628 HARBOUR VILLAGE BLVD. UNIT 2506 PORT ORANGE, FL 32127
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3531630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ZATLOUKAL, WILLIAM JAMES JR 4628 HARBOUR VILLAGE BLVD. UNIT 2506 PORT ORANGE, FL 32127
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000585336 01/16/07-80011-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZATLOUKAL, WILLIAM JAMES JR 4628 HARBOUR VILLAGE BLVD. UNIT 2506 PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZATLOUKAL, DIANE K 4628 HARBOUR VILLAGE BLVD. UNIT 2506 PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *William James Zatloukal* 1/9/2007 407 620-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #