


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000003899</b> 1. Entity Name <b>ZEROLET, INC.</b>	
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07092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0886405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>KURTZ, JOHN D 388 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415</b>
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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 JOHN D KURTZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, THOMAS E 1550 SMUGGLERS COVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZILKA, PAUL P.O. BOX 1495 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PONS, WILLIAM P.O. BOX 677399 ORLANDO, FL 32867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYLOR, EDWARD 8323 CHINABERRY RD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUMBERT, STEVEN P.O. BOX 1031 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000768389  
07/12/07-80009-004 550.00

**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: THOMAS E HAYES

209.07 772-961-2156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #