
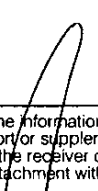


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90018 006 \*\*\*150.00

<b>DOCUMENT # P99000003899</b>					
<b>1. Entity Name</b> ZEROLET, INC.					
<b>Principal Place of Business</b> 3434 INDUSTRIAL 33RD ST FORT PIERCE, FL 34946			<b>Mailing Address</b> 3434 INDUSTRIAL 33RD ST FORT PIERCE, FL 34946		
<b>2. Principal Place of Business - No P.O. Box #</b> NONE			<b>3. Mailing Address</b> P.O. Box 650728		
<b>Suite, Apt. #, etc.</b>			<b>Suite, Apt. #, etc.</b>		
<b>City &amp; State</b>			<b>City &amp; State</b> VERO BEACH, FL		
<b>Zip</b>		<b>Country</b>		<b>Zip</b> 32965-0728	
<b>Country</b>		<b>Country</b>		USA	
<b>4. FEI Number</b> 65-0886405				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KURTZ, JOHN D 388 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> HAYES, THOMAS E			<b>NAME</b> STREET ADDRESS		
<b>STREET ADDRESS</b> 1550 SMUGGLERS COVE			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> VERO BEACH, FL 32963			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> SD	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> ZILKA, PAUL			<b>NAME</b> STREET ADDRESS		
<b>STREET ADDRESS</b> P.O. BOX 1495			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> CAPE CANAVERAL, FL 32920			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> CD	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> PONS, WILLIAM			<b>NAME</b> STREET ADDRESS		
<b>STREET ADDRESS</b> P.O. BOX 677399			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> ORLANDO, FL 32867			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> SAYLOR, EDWARD			<b>NAME</b> STREET ADDRESS		
<b>STREET ADDRESS</b> 8323 CHINABERRY RD			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> VERO BEACH, FL 32963			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> LUMBERT, STEVEN			<b>NAME</b> STREET ADDRESS		
<b>STREET ADDRESS</b> P.O. BOX 1031			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> CAPE CANAVERAL, FL 32920			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			THOMAS E HAYES		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <span style="float: right;">5.19.08</span> Daytime Phone #		