

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003899

Entity Name: ZEROLET, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3434 INDUSTRIAL 33RD ST
FORT PIERCE, FL 34946

New Principal Place of Business:

1550 SMUGGLERS COVE
VERO BEACH, FL 32963

Current Mailing Address:

PO BOX 650728
VERO BEACH, FL 32965

New Mailing Address:

FEI Number: 65-0886405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURTZ, JOHN D
388 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415 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: PD () Delete
Name: HAYES, THOMAS E
Address: 1550 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: ZILKA, PAUL
Address: P.O. BOX 1495
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: CD () Delete
Name: PONS, WILLIAM
Address: P.O. BOX 677399
City-St-Zip: ORLANDO, FL 32867

Title: D () Delete
Name: SAYLOR, EDWARD
Address: 8323 CHINABERRY RD
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: LUMBERT, STEVEN
Address: P.O. BOX 1031
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: HAYES, THOMAS E
Address: 1550 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Change () Addition
Name: ZILKA, PAUL
Address: P.O. BOX 1495
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: SD (X) Change () Addition
Name: SAYLOR, EDWARD
Address: 8323 CHINABERRY RD
City-St-Zip: VERO BEACH, FL 32963

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS E. HAYES

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date