2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 17, 2004 08:00 AM Secretary of State DOCUMENT # P99000056709 1. Entity Name ZOOM DESIGN, INC. Principal Place of Business Mailing Address 3315 WHSPERINGERIVE SOUTH 3315 WHSTERINGERIVE SOUTH LARGO FL. 33771 LARGO FL 33771 05062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3583379 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COAST, ANNETTE DO NOT WRITE 3315 WHISPERING DRIVE 8. LARGO, FL 33771 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. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOWILL FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 10. OFFICERS AND DIRECTORS U00000160665 PSTD MLE 05/17/04-80008-014 150.00 COAST, ANNETTE NAME 3315 WHISPERING DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 TITLE STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-73P IN THIS SPACE TIFLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

O OFFICER OR DIRECTOR

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