

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095330

Entity Name: ZENCRAFT, INC.

FILED
Apr 02, 2004
Secretary of State

Current Principal Place of Business:

2306 SOUTHWEST 81ST AVENUE
DAVIE, FL 33324

New Principal Place of Business:

1498 S.W. DIMPERIO AVE.
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

2306 SOUTHWEST 81ST AVENUE
DAVIE, FL 33324

New Mailing Address:

1498 S.W. DIMPERIO AVE.
PORT SAINT LUCIE, FL 34953

FEI Number: 65-0959444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINCLAIR, JASON A
2306 S.W. 81 AVE.
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

SINCLAIR, JASON A
1498 S.W. DIMPERIO AVE.
PORT SAINT LUCIE, FL 34953 US

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: JASON A. SINCLAIR

04/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SINCLAIR, JASON A
Address: 2306 SOUTHWEST 81ST AVENUE
City-St-Zip: DAVIE, FL 33324 US

Title: V () Delete
Name: SINCLAIR, KIYOMI N
Address: 2306 SW 81 AVE
City-St-Zip: DAVIE, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SINCLAIR, JASON A
Address: 1498 S.W. DIMPERIO AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: V (X) Change () Addition
Name: SINCLAIR, KIYOMI N
Address: 1498 S.W. DIMPERIO AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASON A. SINCLAIR

PSTD

04/02/2004

Electronic Signature of Signing Officer or Director

Date