


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90007 021 \*\*\*558.75

<b>DOCUMENT # P99000103339</b>	
1. Entity Name <b>ZION NETWORKS, INC.</b>	

Principal Place of Business <b>100 NW 108TH TERRACE SUITE 208 PEMBROKE PINES, FL 33026</b>	Mailing Address <b>100 NW 108TH TERRACE SUITE 208 PEMBROKE PINES, FL 33026</b>
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**44048179**



2. Principal Place of Business <b>5024 SW 139 Terrace</b>	3. Mailing Address <b>5024 SW 139 Terrace</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07032004 Chg-P CR2E034 (10/03)

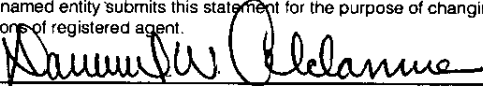
City & State <b>Miramar, Florida</b>	City & State <b>Miramar, Florida</b>
Zip <b>33027</b>	Country <b>USA</b>
Zip <b>33027</b>	Country <b>USA</b>

4. FEI Number <b>65-0967032</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>COLCLASURE, DANIEL W 100 NW 108TH TERRACE SUITE 208 PEMBROKE, FL 33026</b>	
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7. Name and Address of New Registered Agent	
Name <b>Daniel W. Colclasure</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5024 SW 139 Terrace</b>	
City <b>Miramar</b>	FL Zip Code <b>33027</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.	
SIGNATURE 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLCLASURE, DANIEL W <input checked="" type="checkbox"/> Delete 100 NW 108TH TERRACE, #208 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Carmen R. Colclasure</b> <b>5024 SW 139 Terrace</b> <b>Miramar, Florida 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daniel W. Colclasure</b> <b>5024 SW 139 Terrace</b> <b>Miramar, Florida 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE: 	Date <b>7/7/04</b>	Daytime Phone # <b>7863938218</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		