


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S15044	
1. Entity Name CPZ, INC.	

Principal Place of Business 502 E NEW HAVEN AVENUE MELBOURNE, FL 32901 US	Mailing Address 502 E NEW HAVEN AVENUE MELBOURNE, FL 32901 US
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0343346	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 SO HICKORY STREET
MELBORNE, FL 32901

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYLOR, RALPH 502 E HEW HAVEN AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZORBIS, ANDREW 502 E N EW HAVEN AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, MICHAEL F. 502 E NEW HAVEN AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/06-80072-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: ANDREW ZARBIS, DIRECTOR Date 4-18-06 Daytime Phone # 321-727-2020 EXT 4002