


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90190 030 ****61.25

DOCUMENT # N99000003186

1. Entity Name
JOYFUL RELEASE, INC.



Principal Place of Business
**856 SUNNY SOUTH AVE
 BOYNTON BEACH, FL 33436**

Mailing Address
**856 SUNNY SOUTH AVE
 BOYNTON BEACH, FL 33436**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40063000



04092006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0981947 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, JAMES W
 856 SUNNY SOUTH AVE.
 BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, JAMES W	
STREET ADDRESS	5505 N OCEAN BLVD #2-202	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAHAM, LUCY G	
STREET ADDRESS	5505 N OCEAN BLVD #2-202	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIDDENS, TORY S	
STREET ADDRESS	218 S W 7TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, DR. MARK	
STREET ADDRESS	3440 N.E. 11 TERR.	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, GRANT	
STREET ADDRESS	530 DAVIS ST.	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:  **JAMES W. GRAHAM** **APRIL 24-2006** **561-732-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #