

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000610

Entity Name: JBS SHIPPING INC.

FILED
Jan 12, 2006
Secretary of State

Current Principal Place of Business:

906 HEMINGWAY CIRCLE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

906 HEMINGWAY CIRCLE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-0659915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SCHUCK, BRUCE R
Address: 906 HEMINGWAY CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: CARPENTER, RANDLE B
Address: 29 HAZEL LANE SUITE 2
City-St-Zip: LARCHMONT, NY 10538

Title: D () Delete
Name: SCHUCK, BRUCE B
Address: 906 HEMINGWAY CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: JOHANSEN, LARS P
Address: 906 HEMINGWAY CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: BOEHIKE, THOR
Address: 906 HEMINGWAY CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: JOHANSEN, EVEN P
Address: 66 GATE HOUSE ROAD
City-St-Zip: STAMFORD, CT 06902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BRUCE SCHUCK

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

Date