## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## FILED Mar 19, 2007 08:00 AM **DOCUMENT # P05000012222** Secretary of State JACQUIE'S JAMMING INC. Principal Place of Business Mailing Address 5630 YAHL STREET UNIT 4 5630 YAHL STREET UNIT 4 NAPLES, FL 34109 NAPLES, FL 34109 No Chg-P CR2E034 (11/05) 03132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-2033460 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. IN THIS SPACE 4TH FLOOR MIAMI, FL 33145 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. DATE (NOTE: Registered Agent signature required when reinstating) 000000672243 03/28/07-80059-018 158.75 \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HOARE-WARD, JACQUELINE 5630 YAHL STREET UNIT 4 STREET ADORESS NAPLES, FL 34109 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TIT/F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information ental 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 mistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an activess, with all other like empowered. I hereby certify that the informal indicated on this report or support of the corporation or the receiver. changed, or on an attachmen

ER OR DIRECTOR