2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037048

Entity Name: JAY PAUL PRODUCTIONS, INC.

FILED Jan 18, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

7420 PENZANCE BLVD. # 5010 FORT MYERS, FL 33966

Current Mailing Address: New Mailing Address:

7420 PENZANCE BLVD. #5010 FORT MYERS, FL 33966

FEI Number: 20-8974489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALIUCCI, JOHN P CHM.
7420 PENZANCE BLVD.
#5010
FORT MEYERS, FL 33966 US

ALIUCCI, JOHN P
7420 PENZANCE BLVD.
#5010
FORT MEYERS, FL 33966 US

FORT WIETERS, FL 33900 US

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: JOHN ALIUCCI 01/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHM () Delete Title: CHM (X) Change () Addition ALIUCCI, JOHN P CHM. ALIUCCI, JOHN P Name: Name: 7420 PENZANCE BLVD. #5010 7420 PENZANCE BLVD. #5010 Address: Address: City-St-Zip: FORT MEYERS, FL 33966 City-St-Zip: FORT MEYERS, FL 33966

Title: SEC. () Delete Title: SEC. (X) Change () Addition

 Name:
 ALIUCCI, JAMES M SEC.
 Name:
 ALIUCCI, JAMES M

 Address:
 513 S. GEORGE ST.
 Address:
 513 S. GEORGE ST.

 City-St-Zip:
 CHARLES TOWN, WV 25414
 City-St-Zip:
 CHARLES TOWN, WV 25414

Title: TREA () Delete Title: TREA (X) Change () Addition

Name:ALIUCCI, JAMIE M TREAS.Name:ALIUCCI, JAMIE MAddress:110 BLAKELY PLACEAddress:110 BLAKELY PLACECity-St-Zip:CHARLES TOWN, WV 25414City-St-Zip:CHARLES TOWN, WV 25414

I hereby certify that the information supplied with this filing does not qualify 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: JOHN ALIUCCI CHM. 01/18/2009