

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 18, 2005
Secretary of State**

DOCUMENT# P94000090241

Entity Name: JOY ENTERPRISES INC.

Current Principal Place of Business:

205 SO. HOOVER STREET
SUITE 400
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

205 SO. HOOVER STREET
SUITE 400
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3284294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, J. STYLES ESQ.
205 S. HOOVER ST., #400
TAMPA, FL 33609 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

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HUGHEY, L.M.
Address: 205 S. HOOVER STREET, SUITE 400
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: CARTER, SHIRLEY
Address: 205 S. HOOVER STREET, SUITE 400
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: THATCHER, CAROLYN
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL

Title: VD (X) Delete
Name: FARMER, JD
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL

Title: VD (X) Delete
Name: THATCHER, CAROLYN
Address: 205 S HOOVER ST, SUITE 400
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: HUGHEY, EVELYN
Address: 205 S. HOOVER BLVD., #400
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CARTER, SHIRLEY
Address: 205 S. HOOVER STREET, SUITE 400
City-St-Zip: TAMPA, FL

Title: VPSD (X) Change () Addition
Name: THATCHER, CAROLYN
Address: 205 S. HOOVER STREET, SUITE 400
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change () Addition
Name: FARMER, JIM
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL 33609

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 Section 119.07(3)(i), 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: SHIRLEY CARTER

PRES

05/18/2005

Electronic Signature of Signing Officer or Director

_____ Date