
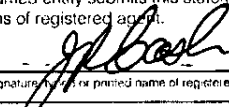
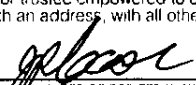


**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90142 019 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

40029982

<b>DOCUMENT # P97000074682</b> 1. Entity Name <b>JC EXHIBITIONS, INC.</b>			
Principal Place of Business <b>14562 QUAIL TRAIL CIRCLE          ORLANDO, FL 32837</b>		Mailing Address <b>14562 QUAIL TRAIL CIRCLE          ORLANDO, FL 32837</b>	
2. Principal Place of Business <b>14652 QUAIL TRAIL CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 771987</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, FLORIDA</b> Zip <b>FL 32837</b>		City & State <b>ORLANDO, FLORIDA</b> Zip <b>FL 32877-1987</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3467188</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional          Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASH, JOHN ROBERT          14562 QUAIL TRAIL CIRCLE          ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>	
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:  <b>J. R. CASH</b> DATE: <b>3.7.05</b> <small>Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be          Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PTV	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, JOHN ROBERT	NAME	<b>14652, QUAIL TRAIL CIRCLE</b>
STREET ADDRESS	14562 QUAIL TRAIL CIRCLE	STREET ADDRESS	<b>14652 QUAIL TRAIL CIRCLE</b>
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>
TITLE	S	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, CHRISTINE G	NAME	<b>14652 QUAIL TRAIL CIRCLE</b>
STREET ADDRESS	14562 QUAIL TRAIL CIRCLE	STREET ADDRESS	<b>14652 QUAIL TRAIL CIRCLE</b>
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <b>J. R. CASH</b>		DATE: <b>3.7.05</b> Extension Phone #: <b>407-857-6450</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Extension Phone #</small>	