


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**DOCUMENT # P97000074682**

1. Entity Name  
JC EXHIBITIONS, INC.



Principal Place of Business  
14562 QUAIL TRAIL CIRCLE  
ORLANDO, FL 32837

Mailing Address  
P O BOX 771987  
ORLANDO, FL 32877

40010580



2. Principal Place of Business  
14652 QUAIL TRAIL CIRCLE

3. Mailing Address  
Suite, Apt. #, etc.

01132006 Chg-P CR2E034 (11/05)

City & State  
ORLANDO, FL

City & State

Zip  
FL 32837

Country  
USA

4. FEI Number  
59-3467188

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASH, JOHN ROBERT  
14562 QUAIL TRAIL CIRCLE  
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
14652 QUAIL TRAIL CIRCLE

City ORLANDO FL Zip Code 32837

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: J.R. CASH DATE: 2-3-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV CASH, JOHN ROBERT 14652 QUAIL TR CIR ORLANDO, FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASH, CHRISTINE G 14652 QUAIL TR CIR ORLANDO, FL 32837 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: J.R. CASH DATE: 2-3-06 DAYTIME PHONE #: 407 857 6450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR