FILED Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90051 031 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000074682 1. Entity Name JC EXHIBITIONS, INC.										
Principal Plac	ce of Business	Mailing Address			40036644					
14562 QUAIL TRAIL CIRCLE ORLANDO, FL 32837		P O BOX 771987 Orlando, Fl. 32877				- ·				
1465	2					N INTILIANAN AANTA AASII AR		AND LOCAL HIE	1881 1881	
2. Principal Place of Business - No P.O. Box # 14652 QUAL TRAIL CIRCLE		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02262007	Chg-P	CR2E034	(12/06)		
City & State ORLANDO, FLORIDA		City & State			4. FEI Numb			\rightarrow	plied For t Applicable	
Zip Country USA		Zip Country		itry		of Status Desired	ليا Fee	.75 Add Required		
	6. Name and Address of Current	Registered Agent		Nome	7. Name and	Address of New F	Registered Age	nt		
CASH JO	HN ROBERT	Name	ISH, JOHN ROSERT							
14 582 QU	AIL TRAIL CIRCLE					(P.O. Box Number is Not Acceptable)				
	D, FL 32837	1465			- QUAL	- TRAIL	CILLIC	•	***	
14-652										
				City ORL	-ANDO		FL	Zip Code	837	
	named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of FI	orida. I am fam		-	
the obligations of registered agent.										
SIGNATURE Signature/type for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature types or printed name of registered agent a	and title if applicable (NOT	E: Registere	ed Agent signature require	kt whien reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa	aign Finar	ncing \$5	6.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND DI	RECTORS	3 IN 11	
TITLE	PTV	☐ Delete	THTL	I] Change	☐ Addition	
NAME STREET ADDRESS	CASH, JOHN ROBERT ESS 14652 QUAIL TR CIR			ie Eet addréss						
CITY-ST-ZIP				-ST-ZIP						
TITLE	S		TITL	F				Change	☐ Addition	
NAME	CASH, CHRISTINE G						_	, ,-		
STREET ADDRESS	14652 QUAIL TR CIR			EET ADORESS						
City-St-ZIP	ORLANDO, FL 32837		CITY	r-ST-ZIP						
TITLE		☐ Delete	TITL] Change	☐ Addition	
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CITY-ST-ZIP				-ST-ZIP						
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STREET ADORESS CITY-ST-ZIP				EET ADDRESS '- ST-ZIP					ľ	
TITLE		Delete	FITL					Change	Addition	
NAME			NAM				_	, 290		
STREET ADDRESS			STRI	EET ADORESS						
CITY-ST-ZIP	<u></u>		CITY	/-ST-ZIP						
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.										
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SIGNATURE: J.R. CASH 3.12.07 407 857 6457										