
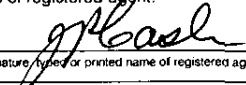
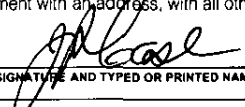


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000074682 1. Entity Name JC EXHIBITIONS, INC.		
Principal Place of Business 14662 QUAIL TRAIL CIRCLE ORLANDO, FL 32837 14652		Mailing Address P O BOX 771987 ORLANDO, FL 32877
2. Principal Place of Business - No P.O. Box # 14662 QUAIL TRAIL CIRCLE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State ORLANDO, FLORIDA		City & State ORLANDO, FL
Zip 32837	Country USA	4. FEI Number 59-3467188
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent CASH, JOHN ROBERT 14662 QUAIL TRAIL CIRCLE ORLANDO, FL 32837 14652		7. Name and Address of New Registered Agent Name CASH, JOHN ROBERT 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 3.12.07
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV CASH, JOHN ROBERT 14652 QUAIL TR CIR ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASH, CHRISTINE G 14652 QUAIL TR CIR ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 3.12.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407 857 6452

40036644



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