


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90036 016 \*\*\*150.00

<b>DOCUMENT # P99000109973</b>	
1. Entity Name JC DESIGN ASSOCIATES, INC.	

Principal Place of Business 2300 RIDGEWAY AVENUE WEST PALM BEACH, FL 33401	Mailing Address 2300 RIDGEWAY AVENUE WEST PALM BEACH, FL 33401
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**50005411**



2. Principal Place of Business 4201 42 WAY Suite, Apt. #, etc.	3. Mailing Address PO Box 4321 Suite, Apt. #, etc.
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03212006 Chg-P CR2E034 (11/05)

City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33401	Zip 33402
Country USA	Country USA

4. FEI Number 65-0968621	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARLEEN, JON 2300 RIDGEWAY AVENUE WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	CARLEEN, JON C	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	JON CARLEEN
NAME	2300 RIDGEWAY AVENUE	NAME	PO. BOX 4321
STREET ADDRESS	WEST PALM BEACH, FL 33401	STREET ADDRESS	WEST Palm Beach FL 33402
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
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 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: Jon Carleen Date: 3.21.06 (561) 312-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #