


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90229 027 \*\*\*158.75

<b>DOCUMENT # 464127</b>	
1. Entity Name <b>JENCO FOODS, INC.</b>	

Principal Place of Business <b>2690 STIRLING RD HOLLYWOOD, FL 33020</b>	Mailing Address <b>PO BOX 120625 FORT LAUDERDALE, FL 33312-0011</b>
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**60055740**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent	
<b>BIGGS, CHRISTOPHER N 2825 SW 117TH AVENUE DAVIE, FL 33330</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
<small>Signature, typed 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, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BIGGS, CHRISTOPHER N. 2825 S.W. 117TH AVE DAVIE, FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEVERLY F. BIGGS 2825 S.W. 117TH AVE. DAVIE, FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER, BIGGS F. 2825 S.W. 117TH AVE. DAVIE, FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANSEN, SUE ANN 1050 SW 52 AVE PLANTATION, FL 33317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, JEFFERY 1151 SCARBOROUGH AVE DAVIE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTNEY, J. BIGGS 2825 SW 117TH AVENUE DAVIE, FL 33330 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>THOMAS O. BUTTERMORE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2825 SW 117 AVE.</b> <b>DAVIE, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>JENNIFER B. BUTTERMORE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2825 SW 117 AVE.</b> <b>DAVIE, FL 33330</b>
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
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: <i>Sue Hansen</i> <b>SUE HANSEN, TREAS.</b>	Date: <b>4-28-06</b> Daytime Phone #: <b>954-584-3378</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	