2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# 484183

Entity Name: TRIPLE J RANCH, INC.

Current Principal Place of Business:

14435 HALE RD
DADE CITY, FL 335237524 US

New Principal Place of Business:

Current Mailing Address:

14435 HALE RD
DADE CITY, FL 33523-752

New Mailing Address:

FEI Number: 59-1626131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LEONARD H, ATTY
37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

JOHNSON, LEONARD H, ATTY
37837 MERIDIAN AVE
SUITE 100
DADE CITY, FL 33525 US

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.

SIGNATURE: LEONARD H. JOHNSON 01/17/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, HJALMA E.,
Address: 14435 HALE RD
City-St-Zip: DADE CITY, FL

Title: T ( ) Delete
Name: JOHNSON, HJALMA E.,
Address: 14435 HALE RD
City-St-Zip: DADE CITY, FL

Title: VD ( ) Delete
Name: JOHNSON, LAURA M.,
Address: 14435 HALE RD
City-St-Zip: DADE CITY, FL

Title: VD ( ) Delete
Name: JOHNSON, LEONARD H.,
Address: 14422 MT. ZION RD
City-St-Zip: DADE CITY, FL 33523

Title: VD ( ) Delete
Name: JOHNSON, NANCY B,
Address: 14422 MT. ZION RD
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HJALMA E. JOHNSON PD 01/17/2006
Electronic Signature of Signing Officer or Director Date