2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # 586276** Jan 12, 2006 08:00 AN 1. Entity Name **Secretary of State** J.P. NAPIER, INC. Mailing Address Principal Place of Business 10459 SW 185 TERRACE 10459 SW 185 TERRACE MIAMI, FL 33157 US MIAMI, FL 33157 US No Chg-P CR2E034 (11/05) 01082006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1880324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent the market species of NAPIER, ROGER E DO NOT WRITE 10459 SW 185 TERRACE MIAMI, FL 33157 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000383031 \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 01/12/06-80031-017 150.00 10. OFFICERS AND DIRECTORS TITLE NAPIER, ROGER E NAME 10459 SW 185 TERRACE STREET ADDRESS CITY-ST-7/P MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS o applications. CITY-ST-ZIP TILE STREET ADDRESS

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 eath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-06 305-2

305-233*-561*9

Daytime Phone #