



**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # 765847</b>				<b>Secretary of State</b> 04-28-2006 90172 003 ****61.25	
<b>1. Entity Name</b> JAY HIGH SCHOOL BAND BOOSTERS, INC.					
<b>Principal Place of Business</b> 13863 S. ALABAMA STREET JAY, FL 32565		<b>Mailing Address</b> P.O. BOX 712 JAY, FL 32565			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152006 Chg-NP CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 07-0004504	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
BOUTWELL, WANDA 3600 GREENWOOD ROAD JAY, FL 32565				Name Lea Anne Goble	
				Street Address (P.O. Box Number is Not Acceptable)	
				4023 McCutchin Dr.	
				City Jay	FL Zip Code 32565
<b>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.</b>					
SIGNATURE <u>Lea Anne Goble</u> Lea Anne Goble, Treasurer				4/18/06.	
Filing Fee is \$61.25 Due by May 1, 2006				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLTON, VICKIE 13251 HWY 87N JAY, FL 32565	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALTER, SUE 5307 EDEKER CIRCLE JAY, FL 32565	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANTON, ANGIE 5915 OLD POLLARD ROAD JAY, FL 32565	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOUTWELL, WANDA 3600 GREENWOOD ROAD JAY, FL 32565	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 617, 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.</b>					
SIGNATURE: <u>Vickie Bolton</u> Vickie Bolton, President				4/18/06	