2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM Secretary of State DOCUMENT # F02000004381 JESSE JAMES CHARTERS, INC. Principal Place of Business Malling Address 101 N. FAIRFIELD DRIVE 101 N. FAIRFIELD DRIVE **DOVER, DE 19901 DOVER, DE 19901** 03172006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3716719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NELSON, JESSE 3700 N. HARBOR CITY BLVD., SUITE 2B MELBOURNE, FL 32935 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME NELSON, JESSE STREET ADDRESS 3700 N. HARBOR CITY BLVD., SUITE 2B City-St-ZIP MELBOURNE, FL 32935 TITLE NAME STREET ACCRESS 03/30/06-80007-004 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE ---IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Jesse Nelson

3/17/2006

(321) 259-5015

Daytime Phone #

FILED