


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F02000004446					
1. Entity Name JOC OUTPORT, INC.					
Principal Place of Business 50 MILLSTONE ROAD, STE. 200 EAST WINDSOR, NJ 08520-1415			Mailing Address 50 MILLSTONE ROAD, STE. 200 EAST WINDSOR, NJ 08520-1415		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	05252005 Chg-P CR2E034 (10/03)	
4. FEI Number 06-1627164				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <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</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOS	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, ALAN		NAME	GLASS, ALAN	
STREET ADDRESS	106 COMMONWEALTH DRIVE		STREET ADDRESS	50 Millstone Rd. Suite 200	
CITY-ST-ZIP	NEWTOWN, PA 18940		CITY-ST-ZIP	E. Windsor, NJ 08520	
TITLE	CFOV	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, STEPHEN M		NAME	PRICE, DANA	
STREET ADDRESS	272 FEDERAL ROAD		STREET ADDRESS	50 Millstone Rd. Suite 200	
CITY-ST-ZIP	MONROE TWP., NJ 08831		CITY-ST-ZIP	E. Windsor, NJ 08520	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, RICHARD		NAME		
STREET ADDRESS	236-21 88TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BELLROSE, NY 11426		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, SUSAN		NAME		
STREET ADDRESS	333 BRANEY STREET		STREET ADDRESS		
CITY-ST-ZIP	LAURENCE HARBOR, NJ 08879		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPERS, JOHN		NAME		
STREET ADDRESS	407 MIDLAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ST. DAVIDS, PA 19087		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>DANA PRICE</u>		DANA PRICE		6/7/05 609-371-7703	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	