


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000003814
 1. Entity Name
 JELLICLE INVESTORS INC.



Principal Place of Business Mailing Address
 5 KIMBERLY TERRACE 5 KIMBERLY TERRACE
 LYNNFIELD, MA 01940 LYNNFIELD, MA 01940

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 02-0429352 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUSSEL, GEORGE
 35 DRIFTWOOD DRIVE
 KEY WEST, FL 33040-6216

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000869684
 04/09/08-80061-002 150.00

10. OFFICERS AND DIRECTORS.

| | |
|----------------|--------------------|
| TITLE | DPST |
| NAME | SCHUSSEL, GEORGE |
| STREET ADDRESS | 35 DRIFTWOOD DRIVE |
| CITY-ST-ZIP | KEY WEST, FL 33040 |
| TITLE | D |
| NAME | SCHUSSEL, SANDRA |
| STREET ADDRESS | 35 DRIFTWOOD DRIVE |
| CITY-ST-ZIP | KEY WEST, FL 33040 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 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 IBE empowered.

SIGNATURE: Sandra Kuchzi Schussel 781-863-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #