

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004242 1. Entity Name JOINT ACTIVE SYSTEMS, INC.	
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Principal Place of Business 2600 S. RANEY EFFINGHAM, IL 62401	Mailing Address PO BOX 1367 EFFINGHAM, IL 62401
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03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4193554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREMER, DEAN
420 E. GOVERNMENT STREET
PENSACOLA, FL 32502

**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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP BONUTTI, PETER 1303 W. EVERGREEN EFFINGHAM, IL 62401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS BONUTTI, BORIS 1303 W. EVERGREEN EFFINGHAM, IL 62401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTO KREMER, DEAN 1303 W. EVERGREEN EFFINGHAM, IL 62401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80085-022 150.00

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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 like empowered.

SIGNATURE: DEAN KREMER  3/8/06 217-342-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #