


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 011 ***150.00

DOCUMENT # F65643 1. Entity Name JENNIFER GARRIGUES, INC.	
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Principal Place of Business 308 PERUVIAN AVE. PALM BCH, FL 33480	Mailing Address 308 PERUVIAN AVE. PALM BCH, FL 33480
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2191133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIGUES, JENNIFER C
 246 ESPLANADE
 PALM BEACH, FL 33480

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	V MCCLELAND, JACQUELYN 1528 ELINOR CRESCENT PORT COQUITLAM, CANADA, BC v3c218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHILLOTT, CYRIL D 5200 N. DIXIE, #5 W. PALM BEACH, FL <i>246 Esplanade Way Palm Beach, FL 33480</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRIGUES, JENNIFER C 246 ESPLANADE PALM BEACH, FL 33480
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 like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: *561-659-7085*