

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002557

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: JERO INVESTMENTS LIMITED N.V.

**Current Principal Place of Business:**

CASTORWEG 22-24  
CURACAO  
NETHERLANDS ANTILLES,

**New Principal Place of Business:**

CASTORWEG 22-24  
CURACAO  
NETHERLANDS ANTILLES, NA

**Current Mailing Address:**

4400 PGA BLVD SUITE 900  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 98-0060276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORDAN, EMORY C III, PA  
415 SECOND AVE. NORTH  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: MARSHALL, JOHN  
Address: TEMPLAR HOUSE, DON ROAD, ST-HELIER  
City-St-Zip: JERSEY, CHANNEL ISLANDS,

Title: MD ( ) Delete  
Name: FRANCIS, JOHN H  
Address: COIN DE GREVE, SARK  
City-St-Zip: CHANNEL ISLANDS,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MARSHAL

MD

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date