


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90081 035 ***150.00

DOCUMENT # F97000004268

1. Entity Name
 THE JOHNNY ROCKETS GROUP, INC.



Principal Place of Business 26970 ALISO VIEJO PKWY SUITE 100 ALISO VIEJO, CA 92656	Mailing Address 26970 ALISO VIEJO PKWY SUITE 100 ALISO VIEJO, CA 92656
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40003908



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4549800	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

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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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, 2005 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	CD SHUMSKY, MICHAEL R 26970 LAGUNA HILLS DRIVE SUITE 100 ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLACK, BRUCE 30 ROCKER FELLAR PLAZA STE 5050 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, JOHN 500 BOYLSTON ST STE 1880 BOSTON, MA 021163740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEITLEBAUM, JILL 801 S FIGUERON ST. LOS ANGELES, CA 90012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, RICHARD 20 UNIVERSITY ROAD CAMBRIDGE, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, MARK 551 FIFTH AVE 31ST FLOOR NEW YORK, NY 10176

DO NOT WRITE IN THIS SPACE

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: Michael R. Shumsky **Michael R. Shumsky** 1/14/05 (949) 643-6100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Chairman PC20 Date Daytime Phone #