


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000004268 1. Entity Name THE JOHNNY ROCKETS GROUP, INC.	
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Principal Place of Business 25550 COMMERCENTRE SUITE 200 LAKE FOREST, CA 92630	Mailing Address 25550 COMMERCE CENTRE SUITE 200 LAKE FOREST, CA 92630
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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, 2007 Fee will be \$550.00**

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

U00000660827
03/20/07-80016-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHUMSKY, MICHAEL R 25550COMMERCENTRE DR # 200 LAKE FOREST, CA 92630
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

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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: *Richard C. Jennings* CFO Date: 3/8/2007 (949) 643-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #