2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2007 8:00 am DOCUMENT # F97000004987 **Secretary of State** 02-13-2007 90045 013 ***150.00 JRNKEY MANAGEMENT, INC. Principal Place of Business Mailing Address 10290 SE BANYAN WAY PO BOX3059 TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 52-1354325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROUNTZOUNIS, GISELE 10290 SE BANYAN WAY Street Address (P.O. Box Number is Not Acceptable) TEQUESTA FL 33469 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 21/2007 FILE NOW!!! FEE(IS \$150.00) 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will De \$550.00 Trust Fund Contribution. # 11973 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mill ☐ Delete TITLE ☐ Change ☐ Addition CRONIN, DANIEL' NAME NAMI 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ROUNTZOUNIS, GISELE NAME 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY - ST - 7IP HHE ☐ Delete THEE Change Addition NAME O'HARE, JAMES A намі 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY - ST - ZIP Delete Addition RYAN, JOHN J 900 SOUTH US HWY ONE SUITE 204 STREET ADDRESS STREET ADDRESS JUPITER EL CITY - ST-ZIP CITY-S1-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ши ☐ Delete MILE ☐ Change ☐ Addition NAME NAME ET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED

2/1/2007

Daytime Phone #