


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000006217

1. Entity Name
JULES AND ASSOCIATES, INC.



Principal Place of Business Mailing Address

515 S. FIGUEROA ST., SUITE 1950 **515 S. FIGUEROA ST., SUITE 1950**
LOS ANGELES, CA 90071 **LOS ANGELES, CA 90071**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
95-4360586 Not Applicable

5. Certificate of Status Desired **\$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

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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, 2006 Fee will be \$550.00

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

1100000433796
 02/24/06-80032-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BUENABENTA, JULES 515 S FIGUEROA ST STE 1950 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONROE, SCOTT C 515 S FIGUEROA ST STE 1950 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEHAR, MICHAEL 515 S. FIGUEROA STREET STE 1950 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURIELLO, JOSEPH P. 515 S. FIGUEROA STREET STE 1950 LOS ANGELES, CA 90071
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Day

Daytime Phone #