2005 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CARPORATIONS DOCUMENT # F99000004911 1. Entity Name JFB HOLDING, INC. 05 JUN 30 AM 9: 56 Principal Place of Business Mailing Address 240 N. WASHINTON BLVD. 240 N. WASHINTON BLVD. 7TH FLOOR 7TH FLOOR SARASOTA, FL 34236 SARASOTA, FL 34236 06282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0816775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANCH, DANIEL DO NOT WRITE 240 N. WASHINTON BLVD. 7TH FLOOR IN THIS SPACE SARASOTA, FL 34236 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CFO TITLE BRANCH, DANIEL STREET ADDRESS 240 N. WASHINTON BLVD., 7TH FLOOR CITY-ST-7IP SARASOTA, FL 34236 600057364956 07/12/05--01067--022 **200.00 TITLE MGR KERN, MARTIN J STREET ADDRESS 240 N. WASHINTON BLVD., 7TH FLOOR CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 of 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 op an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COLOR Daylore Pront

NAME STREET ADDRESS CITY-ST-ZIP