2006 FOR PROFIT CORPORATION ANNUAL REPORTAGE (AR)

FILED Feb 06, 2006 08:00 AM Secretary of State

DOCU 1. Entity Nam JODAN, I		·		Secretary of State
Principal Plac	e of Business	Mailing Address		
7 ROYAL PA APT, 506 BOCA RATO US	ALM WAY ON FL 33432	7 ROYAL PALM WAY APT. 506 BOCA RATON FL 33432 US		
& Principal Place of Business		Mailing Address		
Suite, Apt. Thetc.		Suite, Apt. #Leta.		1st MOORE CR2E034 (10/05)
City & Stat	9	City & State		59-2473894 Applied F
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
101	*** ****		Marie	
JOLLY, ANN L. 7 ROYAL PALM WAY, APT. 506		6	Street Address	ss (P.O. Box Number is Not Acceptable)
BOC	CA RATON FL 33432	•		
			Chy	FL Zip Gode
SIGNATURE F	Signature rypea or prince name of represent agent LE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department of	CARACTER OF	egislared Agent e graziure regini	g. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fo
10.	OFFICEHS AND		71.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DITLE NAME STREET ADDRESS CITY-SI-ZIP	DP JOLLY, ANN L. 7 ROYAL PALM WAY-#506 BOCA RATON FL	☐ Detate	HAME STREET AODRESS CITY-ST-ZIP	□ Champe □ M U00000420420 102/15/06-80056-007 1 50.00
TITLE NAME STREET ADDRESS CATY-SI-ZAP	DST JOLLY, DON 7 ROYAL PALM WAY-#203 BOCA RATON FL	☐ Delete	TIFLE hams street address city-st-zip	☐ Change ☐ A
TITLE NAME STREET AUDRESS CITY-ST-ZIP		☐ Octobe	TIPLE MAME STRLET ADDRESS GTTY-ST-2IP	☐ Change ☐ A
THTLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Detete	TIFLE MAME STREET AODRESS CITY-ST-ZIP	☐ Change ☐ A
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Detete	DILE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A
INTLE MAME STREET ADDRESS CHY-ST-ZIP		D-Delete	HILC NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that if am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Conald M

bonald m Oolly SECTREAS.

JAN 31 2006

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