


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # H26361 1. Entity Name JAC WIN DESIGN, INC.		
Principal Place of Business 518 ORANGE DRIVE SUITE 23 ALTAMONTE SPRINGS, FL 32701	Mailing Address 518 ORANGE DRIVE SUITE 23 ALTAMONTE SPRINGS, FL 32701	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILLER, ROBERT E. 518 ORANGE DRIVE SUITE 23 ALTAMONTE SPRINGS, FL 32701		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000477147 04/06/06-80040-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILLER, JACQUALYN W. 518 ORANGE DR., STE 23 ALTAMONTE SPGS, FL 32701	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MILLER, ROBERT E. 518 ORANGE DR., STE 23 ALTAMONTE SPGS, FL 32701	
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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 duly 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: <i>[Signature]</i> Robert E. Miller		X 3/20/06 407-331-0784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #