2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 03, 2006 08:00 AM DOCUMENT # H53671 Secretary of State 1. Entity Name J & E AUDIO & VIDEO, INC. Principal Place of Business Mailing Address 717 EPPS BROWN ST. E LEHIGH ACRES FL 33936 PO BOX 426 LEHIGH ACRES FL 33970 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2541576 Not Applicat 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 Name MCDONALD, EDWARD 717 EPPS BROWN ST E Street Address (P.O. Box Number Is Not Acceptable) **LEHIGH ACRES FL 33936** City 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. Signature, typed or posted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 \$5.00 May 5. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 □ Delete TITLE ☐ Change ☐ ### UÜÜÜH0416412 NAME MCDONALD, EDWARD NAME 02/13/06-80014-017 150.00 STREET ADDRESS |6621 N.W. 25TH ST. STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP TYTLE ☐ Delete 717) F ☐ Change ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS ERTY-ST-ZIP CITY-ST-ZIP THILE ☐ Detete HILE ☐ Change ☐ Md/** NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TOTAL ☐ Change Addition | MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Title ☐ Change Addition | NAME NAME STREET 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 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.

FEB-1,2006

FILED