2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# H82267

Entity Name: JAY'S RESTORATION PLUS, INC.

Current Principal Place of Business:

C/O JAY M. FAUST
11650 N.W. 37TH PL
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

JAY'S RESTORATION PLUS C/O JAY M. FAUST
1844 N. NOB HILL ROAD SUITE 282
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 59-2613977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUST, SHELLEY
11650 NW 37TH PL
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAUST, JAY M.,
Address: 11650 N.W. 37TH PL
City-St-Zip: SUNRISE, FL 33323

Title: VP ( ) Delete
Name: FAUST, SHELLY,
Address: 11650 NW 37TH PL
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY FAUST VP 01/26/2008

Electronic Signature of Signing Officer or Director — Date