2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # H91646 04-06-2006 90027 042 ***150.00 JAWIL, INC. Mailing Address Principal Place of Business 71 SE 4TH AVE 71 SE 4TH AVE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2615824 Not Applicable Zip Country 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 COLLIER, GWEN C Street Address (P.O. Box Number is Not Acceptable) 71 SE 4TH AVE DEERFIELD BEACH FL33441 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 _ Signature, typed or printed name of registered agent and little it applicable (NOTE: Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TIFLE Addition Cheshire, James W. NAME CHESHIRE, JAMES W 4424 Farm Drive STREET ADDRESS STREET ADDRESS 4424 FARM ROAD ALLENTOWN PA 18104 Allentown PA 18104 CITY-ST-ZIP CITY-ST-ZIP **VST** Defete TITLE Change ☐ Addition TITLE NAME COLLIER, GWEN C NAME STREET ADDRESS STREET ADDRESS 71 SE 4TH AVE CITY-ST-ZIP CHY-SI-ZIP DEERFIELD BEACH FL 33441 Delete TITLE X Change ☐ Addition THLE AST Cheshire, Carol W 4424 Farm Drive CHESHIRE, CAROL W STREET ADDRESS 4424 FARM ROAD STREET ADDRESS CITY-ST-7/P CITY - ST - ZIP Allentown PA 18104 ALLENTOWN PA 18104 ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

FILED

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 3/27/06 (954)427-2048 SIGNATURE: _

if changed, or on an attachment with an address, with all other like empowered.

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