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Secretary of State

03-13-2006 90053 039 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J16669

1. Entity Name
JOHN DE MEDEIROS, INC.

Principal Place of Business	Mailing Address
17940 N MILITARY TRAIL BOCA RATON, FL 33496	17940 N MILITARY TRAIL BOCA RATON, FL 33496

02132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-2677318 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEMEDEIRS, JOHN ~~5624 NW 38TH AVE~~ ~~BOCA RATON, FL 33496~~	Name: John de Medeiros Street Address (P.O. Box Number Is Not Acceptable): 8773 Laguna Royale Points City: Lake Worth FL Zip Code: 33476

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: JOHN DEMEDEIROS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP DE MEDEIROS, JOHN 5624 NW 38TH AVE BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rs JOHN de Medeiros 8773 Laguna Royale Points Lake Worth Fl 33476	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DE MEDEIROS, JUDITH 5624 NW 38TH AVE BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Judith de Medeiros 8773 Laguna Royale Points Lake Worth Fl 33476	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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.

SIGNATURE: [signature] PRESIDENT 2/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #