## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41871

Entity Name: JS CAPITAL MANAGEMENT, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: 851 SE MONTEREY COMMONS BLVD				New Principal Place of Business:		
STUART, FL 34996						
Current Mailing Address:			New Ma	New Mailing Address:		
851 SE MONTEREY COMMONS BLVD STUART, FL 34996						
FEI Number: 59-2743838 FEI Number Applied For ( ) FEI Nu			FEI Number Not A	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SULLIVAN, JOHN W. 851 SE MONTEREY COMMONS BLVD STUART, FL 34996 US						
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:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSTD () E SULLIVAN, JOHN 7211 SE GOLFH HOBE SOUND, F	OUSE DR	Title: Name: Address: City-St-Zi		(X) Change ( ) Addition JOHN W., DLFHOUSE DR ND, FL 33455	on
Title: Name: Address: City-St-Zip:	VD ()E SULLIVAN, SUSA 7211 SE GOLFH HOBE SOUND, F	OUSE DR	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	on
Title: Name: Address: City-St-Zip:	VD () E SANFORD, JENN 800 RICHLAND S COLUMBIA, SC	ST	Title: Name: Address: City-St-Zi	800 RICHLA		on
Title: Name: Address: City-St-Zip:	FOWLER, WILLI	EY COMMONS BLVD	Title: Name: Address: City-St-Zi		NTEREY COMMONS B	
Title: Name: Address: City-St-Zip:	D () E BOWEN, GIERIE 721 MCLEAN AV KENILWORTH, II	E	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	on
Title: Name: Address: City-St-Zip:	D () E SULLIVAN, JOHN 277 WALNUT WINNETKA, IL 6		Title: Name: Address: City-St-Zi	377 WALNU		on

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM C. FOWLER P 04/24/2006