, 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 20, 2006 08:00 AM DOCUMENT # J62268 **Secretary of State** 1. Entity Name JR VENTURES, INC. Principal Place of Business Mailing Address 5402 CRYSTAL BEACH RD. WINTER HAVEN FL 33880 PO BOX 1292 EAGLE LAKE FL 33839 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 59-2826320 Not Applicable Ζφ Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, BERNARD E., JR. 5402 CRYSTAL BEACH RD. Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880 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 privide name of registered agent and two if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Br After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE **PVST** ☐ Delete WEE ☐ Change Advilia. NAME HILL, BERNARD E. JR. NAME STREET ADDRESS 5402 CRYSTAL BEACH RD STREET ADDRESS City-St-ZiP WINTER HAVEN FL 33860 City-St-ZP ☐ Change TITLE Addition Delete 3133 F NAME NAME #00000440339 03/02/06 000<mark>36 020 158.7</mark>5 STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY-ST-ZIP TITLE ☐ Delete Addia NAME MARKE STREET ADDRESS STREET ADDRESS GTTY-ST-21P CITY-ST-ZIP THILE ☐ Defete ☐ Change ☐ Additi NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete THILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Address ☐ Defete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if am an officer or direction of the corporation or the repeiver 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.

2-16-06

863-293-5175

FILED