2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2006 8:00 am Secretary of State

321 773-1142 How

Daytime Phone #

DOCUMENT # K09631 1. Entity Name JEFFREY W. ALLEN, INC.					07-13-2006 90022 023 ***150.00				
Principal Place of Business Mailing Address 604 TOKTOISE WAY ASSS WHITE DRIVE SATELLITE TOFACH, 76 32937 THUSVILLE, FL 32780 US Mailing Address 604 TOKTOISE WAY ASSS WHITE DRIVE SATELLITE TOFACH, 76 32937									
THTUSVILLE, FL 32780_ US -THTUSVILLE, FL 32780 US									
SATELLITE BEACH, FI 32927							: B) B) B B) B B B B B B B B B B B B B		
<u>'</u>	lace of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.		07112006	Chg-P	CR2E034 (11/05))		
City & State	•	City & State		4. FEI Number 59-287			applied For lot Applicable		
Zip	Country	Zip Count		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent				
ALLEN, JEFFREY W.				Name Street Address (P.O. Box Number is Not Acceptable)					
1355 WHITE DR THTUSVILLE, FL 32780 SATELLITE BEACH, 96					offeet Address (1.0. Dox Number is Not Acceptable)				
32937				City FL Zip Code					
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, lyped or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when remistating) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Trust Fund Contrib			-		.00 May Be led to Fees		vith s. 607.193(2)(b) not receive the prior		
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	PST Dolete III						Change	Addition	
STREET ADDRESS	604 TORTOISE WAY		•	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME	☐ Delete Titte						Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY+ST-ZIP				-ST-ZIP					
TITLE NAME	☐ Delgte III			1			Change	Addition	
STREET ADDRESS				ET ADORESS					
CITY-\$T-ZIP			-1	-ST-ZIP				P	
title Name		☐ Delete	TITLI NAM	l			Change	Addition Addition	
STREET ADDRESS			I I	ET ADORESS					
CITY-ST-ZIP			-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLI	l .			Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			_	-ST-ZIP				C) addition	
TITLE NAME		☐ Delete	TITLI				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZiP	partifu that the information availant with	this Clina does not available		-ST-ZIP	d in Chapter 11	Florida Statutos 1	further certific that the	information	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: