2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K63743

Entity Name: JAMIRA ENTERPRISES, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1270 CHARLIE DAY ROAD BAKER, FL 32531 US 1274 CHARLIE DAY ROAD BAKER, FL 32531 US

Current Mailing Address: New Mailing Address:

PO BOX 1647

DESTIN, FL 32540 US

FEI Number: 59-2930317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOTTIER, RALPH
1270 CHARLIE DAY ROAD
P.O.BOX 1647
PAKED EL 23531

BAKER, FL 32531 US DESTIN, FL 32540 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: RALPH GOTTIER 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: GOTTIER, RALPH L SOTTIER, RALPH L

 Address:
 1270 CHARLIE DAY ROAD
 Address:
 P.O. BOX 1647

 City-St-Zip:
 BAKER, FL 32536
 City-St-Zip:
 DESTIN, FL 32540 US

Title: ST () Delete Title: ST (X) Change () Addition Name: GOTTIER, CATHRYN Name: GOTTIER, CATHRYN

Address: 1270 CHARLIE DAY ROAD Address: P.O. BOX 1647
City-St-Zip: BAKER, FL 32531 City-St-Zip: DESTIN, FL 32540 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 GOTTIER, JAMIN
 Name:
 GOTTIER, JAMIN T

 Address:
 1270 CHARLIE DAY ROAD
 Address:
 P.O. BOX 1647

 City-St-Zip:
 BAKER, FL 32531
 City-St-Zip:
 DESTIN, FL 32540 US

Title: () Delete Title: DIR () Change (X) Addition

 Name:
 Name:
 GOTTIER, SHÎRA L

 Address:
 Address:
 P.O. BOX 1647

 City-St-Zip:
 City-St-Zip:
 DESTIN, FL 32540 US

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: RALPH GOTTIER P 05/01/2006