2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

CONNIE JEAN, INC.				04-07-200	06 90029 014 ***1	50.00	
Principal Place of Business	Mailing Address						
2021 ART MUSEUM DRIVE	2021 ART MUSEUM DR	IVE					
SUTE 210 SUITE 210 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207		207 110					
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Principal Place of Business 115 Solana Road 3. Mailing Address 115 Solana Ro		Road					
Suite, Apt. #, etc. Suite, Apt. #, etc.							
Suite D Suite D			04042	006 Chg-P	CR2E034 (11/05)		
City & State	City & State	_	4. FEII			pplied For	
Ponte Vedra Beach, FL			, FL 59-	2940966		ot Applicable	
32082 Country USA	^{Zip} 2082	Country USA	5. Certi	ficate of Status Desired	□ \$8.75 Ad Fee Require	ditional ed	
6. Name and Address of Current	Registered Agent		7. Nam	and Address of New	Registered Agent		
ANTONOPOULOS, MICHAEL Antonopoulos, Michael							
ANTONOPOULOS, MICHAEL 2021 ART MUSEUM DR Street Ac			ddress (P.O. Box N	ress (P.O. Box Number is Not Acceptable)			
STE 210			115 Solana Road				
JACKSONVILLE, FL 32207			te D				
			te Vedra	Beach	FL 3208	2 2	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered office o	r registered agent,	or both, in the State of	Florida. I am familiar with,	and accept	
SIGNATURE							
Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE	: Registered Agent signat	ure required when reinstat	ng)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campaig		\$5.00 May 8 Added to Fees				
40"	l		Added to Fees				
10. OFFICERS AND (· · · · · · · · · · · · · · · · · · ·	11.	ADDITI		FFICERS AND DIRECTOR	S IN 11	
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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.

Michael Antonopoulos

SIGNATURE: _

NATURE AND SOPEO OR PRINTED NAME OF SUMMOOD OF CER OR DIRECTOR

24/05/06 396-5583

Daytime Phone #