


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90179 032 ***150.00

DOCUMENT # M74756 1. Entity Name JPRB, INC.					
Principal Place of Business 4802 S. PENINSULA DR. PORT ORANGE, FL 32127 US			Mailing Address PO BOX 566 DAYTONA BCH., FL 32115 US		
2. Principal Place of Business 440 WESTERN RD			3. Mailing Address PO BOX 291261		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State NEW SMYRNA BCH FL			City & State Port Orange FL		
Zip 32168-8971		Country US		Zip 32129 1261	
Country US		4. FEI Number 59-2892456			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PAUL, JANIS G. 1200 EDWARDS LN. ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) 440 WESTERN RD City <u>NEW SMYRNA BEACH FL</u> Zip Code <u>32168 8971</u>		
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 <u>[Signature]</u> <u>Janis Paul</u> DATE <u>4-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAUL, JANIS G. PO BOX 566 DAYTONA BEACH, FL 321150566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	> SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition Address PO BOX 291261 Port Orange FL 32129-1261	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BULLARD, ROBERT R. PO BOX 269 DAYTONA BEACH, FL 321150269		TITLE NAME STREET ADDRESS CITY-ST-ZIP	> SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address PO BOX 291278 Port Orange FL 32129-1278	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> <u>Janis Paul</u> DATE <u>4/26/06</u> Daytime Phone # <u>386 428 7361</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					