2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# M86415

Entity Name: JIM JOY, INC.

Current Principal Place of Business:

18377 N.W. 27TH AVE.
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

18377 N.W. 27TH AVE.
MIAMI, FL 33056 US

New Mailing Address:

FEI Number: 65-0060256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDVIN, JOSHUA D.
2625 PONCE DE LEON BLVD.
SUITE 280
CORAL GABLES, FL US

Name and Address of New Registered Agent:

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: _____

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:

Title: DPT ( ) Delete
Name: PETRIE, JOYCE,
Address: 2412 SW 156 AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: V ( ) Delete
Name: PETRIE, LEBERT,
Address: 2412 SW 156 AVE
City-St-Zip: PEMBROKE PINES, FL

Title: CS ( ) Delete
Name: PETRIE, MARKIE,
Address: 5651 BEAVER DR
City-St-Zip: MABLETON, GA 30126

Title: M ( ) Delete
Name: PETRIE, WESLEY,
Address: 19741 NW 12TH AVE
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete
Name: PETRIE, DONNA,
Address: 5651 BEAVER DR
City-St-Zip: MABLETON, GA 30126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOYCE PETRIE DPT 09/06/2006

Electronic Signature of Signing Officer or Director Date