2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# N02000006687

Entity Name: JCSE-VA, INC.

Current Principal Place of Business:

PO BOX 55911
ST PETERSBURG, FL 33732

New Principal Place of Business:

PO BOX 6032
TAMPA, FL 33608 US

Current Mailing Address:

PO BOX 55911
ST PETERSBURG, FL 33732

New Mailing Address:

PO BOX 6032
TAMPA, FL 33608

FEI Number: 59-3642560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES, WILLIE J
2103 W. MINNEHAHA STREET
TAMPA, FL 33604 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

OFFICERS AND DIRECTORS:

Title: T/D ( ) Delete
Name: PAQUETTE, PAUL
Address: 623 FLORENZ CIR., NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: V/D ( ) Delete
Name: MEEKS, CHARLES
Address: 3825 HENDERSON BLVD SUITE 305
City-St-Zip: TAMPA, FL 33629 US

Title: P/D ( ) Delete
Name: JONES, DAVID
Address: 3825 HENDERSON BLVD SUITE 305
City-St-Zip: TAMPA, FL 33629 US

Title: V/D ( ) Delete
Name: MILLER, BLYTHE
Address: 1851 COLLIER PKWY
City-St-Zip: LUTZ, FL 33549 US

Title: S/D ( ) Delete
Name: FULLER, MAUREEN
Address: 12502 LEATHERLEAF DR
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/D (X) Change ( ) Addition
Name: PAQUETTE, PAUL N
Address: 623 FLORENZ CIR., NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL N. PAQUETTE T/D 04/23/2006
Electronic Signature of Signing Officer or Director — Date