2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008005

Entity Name: AYITI-JAX, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
1155 REGIS RD JACKSONVILLE, FL 32218				6684 BEATRIX DR. JACKSONVILLE, FL 32226	
Current Mailing Address:				New Mailing Address:	
1155 REGIS RD JACKSONVILLE, FL 32218				6684 BEATRIX DR. JACKSONVILLE, FL 32226	
FEI Number:	06-1708378	FEI Number Applied For()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and Address	of New Registered Agent:
WHITE, JOSEPH SR 6684 BEATRIX DR JACKSONVILLE, FL 32225 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:					
SICINATOR		ic Signature of Registered Agen	ıt		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () WHITE, JOSEPH 6684 BEATRIX I JACKSONVILLE	DR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () WHITE, SUSIE 6684 BEATRIX I JACKSONVILLE			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () PATTERSON, BI 418 PIPITONE D JACKSONVILLE	DR W		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () PATTERSON, CI 418 PIPITONE D JACKSONVILLE	DR W		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () HUNOLD, RONA 1155 REGIS RD JACKSONVILLE)		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () HUNOLD, BETT 1155 REGIS RD JACKSONVILLE)		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH WHITE D 04/28/2004