2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# N03000009763

Entity Name: JANET JONES GROUP HOME, INC.

Current Principal Place of Business:

22519 ASTER AVE.
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 496280
PORT CHARLOTTE, FL 33949 US

New Mailing Address:

FEI Number: 20-1039585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C. MICHAEL FISCHER, P.A.
2800 PLACIDA RD.
SUITE 112
ENGLEWOOD, FL 34224 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: P ( ) Delete
Name: JONES, JANET
Address: 22519 ASTER AVE.
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D ( ) Delete
Name: MOSES, JOCELYN
Address: 3580 IDLEWILD STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D ( ) Delete
Name: DICKENSON, ASNEATH
Address: 22469 NYACK AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D ( ) Delete
Name: JONES, JANET
Address: 22519 ASTER AVE.
City-St-Zip: PORT CHARLOTTE, FL 33980 US

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:

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: JANET JONES P/D 05/05/2006

Electronic Signature of Signing Officer or Director — Date