2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# N07000007341

Entity Name: JJ ESOTERIC FOUNDATION, INC.

Current Principal Place of Business:

5991 WESTPORT LANE
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

5991 WESTPORT LANE
NAPLES, FL 34116

New Mailing Address:

FEI Number: 26-0201483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOOM, BERNADETTE
5991 WESTPORT LANE
NAPLES, FL 34116 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: D ( ) Delete
Name: BLOOM, BERNADETTE
Address: 5991 WESTPORT LANE
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: BARTHOLF, CHARLES
Address: 5991 WESTPORT LANE
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: ECHOLS, MARY
Address: 917 11TH ST. NORTH
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: KILPATRICK, PHYLLIS
Address: 87 N COLLIER BLVD I-3
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: SANCHEZ, JORGE
Address: 132 CYPRESS WAY E #2
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: WILLIAMS, BARBARA
Address: PO BOX 1657
City-St-Zip: BONITA SPRINGS, FL 34133

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: BERNADETTE BLOOM D 03/19/2008

Electronic Signature of Signing Officer or Director — Date