


2008

# CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90409 025 \*\*\*150.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N10000000220</b><br>1. Entity Name<br><b>JUPITER PARENT GROUP, INC</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>6415 INDIANTOWN ROAD<br/>JUPITER, FL 33458</b>   |  |  | Mailing Address<br><b>6415 INDIANTOWN ROAD<br/>JUPITER, FL 33458</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country                                    |   | Zip   |  |
| Country  |  | Country                                    |   | 4. FEI Number   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ETIENNE, MARLENE E<br/>2598 SW MCDONALD STREET<br/>PORT ST LUCIE, FL 34953</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>MARLENE E ETIENNE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6415 INDIANTOWN RD</b><br>City <b>JUPITER</b> FL Zip Code <b>33458</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Marlene Etienne</i></u> DATE <u>4/23/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DC<br>MARTINEZ, BLANCA E<br>312 5TH STREET<br>JUPITER, FL 33458          | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DC<br>ELIZABETH GAYNES<br>7388 165 <sup>th</sup> H, Palm Beach Gardens, FL<br>33410   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVC<br>GAYNES, LISA<br>7388 165TH STREET<br>PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>COSTA, MAURICIO<br>3900 COUNTY LINE RD 19A<br>TEQUESTA, FL 33469   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>BAILEY, HEATHER<br>1005 CHIPPEWA STREET<br>JUPITER, FL 33458       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ASD<br>BARRIOS, BENNETT<br>17965 THELMA AVE #G<br>JUPITER, FL 33458      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |   |  |
| SIGNATURE: <u><i>Elizabeth Gaynes</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | DATE: <u>4/23/08</u><br><small>Daytime Phone #</small>  |   |  |

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