


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005027	
1. Entity Name JUST ENTERTAINMENT INC.	

Principal Place of Business 20 WEST SILVER SPRINGS BLVD OCALA, FL 34475	Mailing Address 3210 SE 22ND AVENUE OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE

FILED
Sep 05, 2008 08:00 AM
Secretary of State



08272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3469641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALICEA, AMY 3210 SE 22ND AVENUE OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ALICEA, AMY 3210 SE 22 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKAKA, J R 4448 SW 125TH AVENUE OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADT REEL, DEBRA 5010 SW 109TH LOOP OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/05/08-80002-006 61.25

DO NOT WRITE IN THIS SPACE

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 617, 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: 

9/1/08

Date Daytime Phone #