2006 NUT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 07, 2006 8:00 am Secretary of State DOCUMENT # N99000001017 1. Entity Name 02-02-2006 90074 020 ****61.25 J H J VISIONS CORPORATION Principal Place of Business Mailing Address 2547 EDDIE ROAD 2547 EDDIE ROAD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 2600 MICCSULEE RUNC 600 MIICOSUKEE ROAD Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE 805 City & State City & State 4. FEI Number Applied For TACINHASSE FLA 59-3570036 Not Applicable Zip Country 32308 Country ~ (\$8.75 Additional 5. Certificate of Status Desired € ONI 32308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENKINS, TESSIE JIM JR Street Address (P.O. Box Number is Not Acceptable) 2547 EDDIE ROAD TALLAHASSEE FL 32308 City Zip Code 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. 1 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 reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ■ Addition TITLE ☐ Delete TITLE Change JENKINS, TESSIE J JR. NAME NAME 2547 EDDIE ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete ☐ Change ☐ Addition TITLE JEFFERSON, MARY G NAME NAME 3345 CRUMP ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP PC -- --TITTE Change Addition Delete 31TEF NAME WARD, STELLA NAME STREET ADDRESS 2663 OLSON RD STREET ADDRESS TALLAHASSEE FL 32308 CITY+ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME MONROE, BEATRICE H NAME 115 TEAL LANE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

FILED