2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # P00000001346 1. Entity Name JAKS OF BREVARD, INC. Principal Place of Business 4000 DOW ROAD #10 MELBOURNE, FL 32905 Mailing Address SATELLITE BEACH, FL 32937 2. Principal Place of Business - No P.O. Box # 3. Mailing Address	60018366 A)A	1. Entity Name JAKS OF BREVARD, INC. Principal Place of Business 4000 DOW ROAD #10 MELBOURNE, FL 32905 Mailing Address POB 372185 SATELLITE BEACH, FL 32937 2. Principal Place of Business - No P.O. Box # 3. Mailing Address
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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 an	Name Name Street Address (FO. Box Number is Not Acceptable) Satult Bid, FL 32937	City & State Saturate Beach, P. Script & State Saturate Beach, P. Sountry Saturate Beach, P. Sountry Say 37 Brevard 5. Certificate of Status Desired Fee Required Fee Required Fee Required VANFOSSEN, AMY B P.A. 476 HWY A1A, STE 3A SATELLITE BEACH, FL 32937 Saturate Beach, P. Sirregt Address, (Fl.O. Box Number is Not Acceptable) Saturate Beach, FL 32937 Saturate Beach, FL 32937 Applied For Not Applied For N
the obligations of registered agent.	Name Name Street Address (F.O. Box Number is Not Acceptable) Satulity Bron FL 32937 City FL Zip Code	City & State Beach, P. Scholle Beach, P. 4. FEI Number 59-3632505 Zip 2937 Brevard 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VANFOSSEN, AMY B P.A. 476 HWY A1A, STE 3A STE 8B SATELLITE BEACH, FL 32937 Satulus Beach, P. Summer is Not Acceptable) Sirregt Address, Fl. 32937 Satulus Brevard Fee Required Sirregt Address, Fl. Box Number is Not Acceptable) SB Satulus Brevard Fl. Say 37
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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	Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name N	City & State City & State Country Co
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address	<u>H</u> I	2. Principal Place of Business - No P.O. Box # 3. Mailing Address
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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:

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Sacuson

2/12/0

32/773-522