2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 18, 2007 08:00 AM **DOCUMENT # P00000017645 Secretary of State** JAY HOLDINGS, INC. Principal Place of Business Mailing Address 6308 COOPERS GREEN CT. 6308 COOPERS GREEN CT. ORLANDO, FL 32819 ORLANDO, FL 32819 CR2E034 (11/05) 01132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3626064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUARLESS, JOHN C DO NOT WRITE 6308 COOPERS GREEN CT. **ORLANDO, FL. 32819** IN THIS SPACE 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. Stansture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE QUARLESS, JOHN C NAME U00000590281 6308 COOPERS GREEN CT. STREET ADDRESS 01/18/07-80050-012 150.00 CITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 1M F

STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR