2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P00000033579

Entity Name: JESSICANNA HOLDINGS, INC.

Current Principal Place of Business:

132 CROSSTIDE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

129 AZALEA POINT DRIVE N.
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

P.O. BOX 3242
PONTE VEDRA BCH, FL 32004 US

New Mailing Address:

FEI Number: 59-3635546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSTANTINO, JOHN
132 CROSSTIDE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CONSTANTINO, JOHN
129 AZALEA POINT DRIVE N.
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: _____ 05/04/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONSTANTINO, JOHN
Address: PO BOX 3242
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D ( ) Delete
Name: CONSTANTINO, PETE J
Address: PO BOX 3242
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: S ( ) Delete
Name: CONSTANTINO, ANNA
Address: PO BOX 3242
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D ( ) Delete
Name: CONSTANTINO, PETER
Address: PO BOX 3242
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D ( ) Delete
Name: CONSTANTINO, JAMES
Address: PO BOX 3242
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: VP ( ) Delete
Name: CONSTANTINO, MARIA
Address: PO BOX 3242
City-St-Zip: PONTE VEDRA BEACH, FL 32004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CONSTANTINO P 05/04/2009
Electronic Signature of Signing Officer or Director — Date