2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90120 003 ***150.00

1. Entity Nam JIM-JAM,	ie	# 2000000	11557				01-23-2000 \$	0120 00.	, 150	
Principal Plac	e of Busines	s		_						
583 PONDEL FORT MYERS			583 PONDELLA RD FORT MYERS, FL 33:	903						
CHANGE										
2. Principal P	lace of Busin	ness	3. Mailing Address						4) 6 011) 6 001 (111	
Suite, Apt. #, etc.			5325 MALIBU C. Suite, Apt. #, etc.			01112006	Chg-P	CR2E03	34 (11/05)	
City & State			City & State	CAPE CORAL FL			per 44198		<u> </u>	plied For t Applicable
Zíp	Zip Country		33904	3904 LE			e of Status Desired	F	8.75 Add ee Required	
	6. Name	and Address of Curre	nt Registered Agent/		7. Name and Address of New Registered Agent Name					
MARKS, J.	AMES									
5325 MAL	IBU CT	33904			Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	ė
9 The above	namad antil	w submite this statement	red office or regist	lered agent or b	oth, in the State of Fig		amiliar with	and accent		
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 reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10. OFFICERS AN			D DIRECTORS 11.			ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME	D MARKS,	IAMES	☐ Delete TITE				,		☐ Change	Addilion
STREET ADDRESS	5325 MAI				EET ADDRESS					
CITY-ST-ZIP	CAPE CC	DRAL, FL 33904	City		Y-ST-ZIP					
TITLE			☐ Delete	☐ Delete IIITU					Change	☐ Addition
NAME STREET ADDRESS					AL EET ADDRESS					
CITY-ST-ZIP										
TITLE	☐ Delete				£				☐ Change	Addition
NAME STREET ADDRESS				MAM	AE EET ADDRESS					
CITY-ST-ZIP	}				Y-ST-ZIP					
TITLE			☐ Delete	TITE	E				☐ Change	Addition
NAME				NAA	AE EET ADDRESS					
STREET ADORESS CITY-ST-ZIP					Y-ST-ZIP					
THILE		. .	□ Delete	TITL	E				Change	Addition
NAME				NAA						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP					
TITLE			Delete	TITL				-	☐ Change	Addition
NAME				NAA						
STREET ADDRESS					EET ADDRESS					
CITY-SI-ZIP	codilu that th	no information pupolical	Y-SI-ZIP	ad in Chanter 1	19 Florida Statutes I	further certi	fu that the in	nformation		
indicated	cenny mantri Loo this rend	io ilinoritiation supplied w et or supplemental renor	vith this filing does not qualify	t my sino t	ature shall have the	e same legal eff	ect as if made under	nath: that l a	m an officer	or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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.