

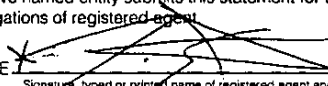
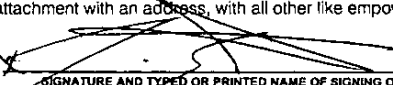


# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000097181					
<b>1. Entity Name</b> J & K STUCCO MASTER INC.					
<b>Principal Place of Business</b> 7226 W. COLONIAL DR. ORLANDO, FL 32818			<b>Mailing Address</b> 7226 WEST COLONIAL DR SUITE 274 ORLANDO, FL 32818		
<b>2. Principal Place of Business - No P.O. Box #</b> 8897 W. COLONIAL DR Suite, Apt. #, etc. # 251		<b>3. Mailing Address</b> 8897 W. COLONIAL DR. Suite, Apt. #, etc. # 251			
<b>City &amp; State</b> OCOEE, FL		<b>City &amp; State</b> OCOEE, FL		<b>4. FEI Number</b> 59-3675479	
<b>Zip</b> 34761		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GUSTAVE, TERENCE 7226 WEST COLONIAL DR SUITE 274 ORLANDO, FL 32818			<b>7. Name and Address of New Registered Agent</b> Name: GUSTAVE TERENCE Street Address (P.O. Box Number is Not Acceptable): 8897 W. COLONIAL DR # 251 City: OCOEE, FL Zip Code: 34761		
<b>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.</b> SIGNATURE:  DATE: 09-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUSTAVE, TERENCE 7226 WEST COLONIAL DR SUITE 274 ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUSTAVE, TERENCE 14438 INDIAN RIDGE TRL CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400136386024 09/26/08--01045--001 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	09/26/08--01045--001 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	09/26/08--01045--001 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	09/26/08--01045--001 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	09/26/08--01045--001 ***150.00		
<b>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.</b>					
SIGNATURE: 			09-12-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		