## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000103813

FILED Jul 17, 2006 Secretary of State

Entity Name: LYJETHAN SERVICES INC.						
Current Pi	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
300 WILSH SUITE 204 CASSELBE		707		340 WILSHIRE BLVD CASSELBERRY, FL 32707		
Current M	ailing Addre	ss:	New Maili	New Mailing Address:		
300 WILSHIRE BLVD SUITE 204 CASSELBERRY, FL 32707				340 WILSHIRE BLVD CASSELBERRY, FL 32707		
FEI Number:	59-3681391	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
APT. #100	'NN J ГНАМ PINES 'ARK, FL 327		1014 COR	ULLOA, LYNN J 1014 CORBIN COURT OVIEDO, FL 32765 US		
The above in the State		submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE: LYNN UL	LOA		07/17/2006		
	Electro	nic Signature of Registered Ag	ent	Date		
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notic	e.		
	S AND DIREC	·	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ULLOA, KETT 1361 ANDES I		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ULLOA, LYNN	M PINES CIRCLE #100	Title: Name: Address: City-St-Zip:	VP ULLOA, LYN 1014 CORBI OVIEDO, FL	IN COURT	
Title: Name: Address: City-St-Zip:	ULLOA, JESSI 1361 ANDES I		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name	S (	) Delete	Title:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: KETTY ULLOA Ρ 07/17/2006

416 NORTHWESTERN AVENUE

ALTAMONTE SPRINGS, FL 32714

Address:

City-St-Zip: