2006 FOR PROFIT CORPORATION

Feb 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000117034 02-02-2006 90032 002 ***150 00 JBP INTERNATIONAL, INC. Principal Place of Business Mailing Address ~~~~~0007 3100 - 22ND AVENUE NORTH 3100 - 22ND AVENUE NORTH SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 59-3746046 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VASILIOS BOULALIS TINGIRIDES, STAVROS Street Address (P.O. Box Number is Not Acceptable) 804 NORTH BELCHER ROAD SUITE 100 3100 - 22ND AVE NORTH CLEARWATER, FL 33765 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** ☐ Delete TITLE Addition Change BOUKALIS, VASILIOS NAME NAME STREET ADDRESS 3100 - 22ND AVENUE NORTH STREET ADDRESS SAINT PETERSBURG, FL 33713 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BOUKALIS, MARIA 3100 - 22ND AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33713 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

FILED