2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 08:00 All Secretary of State **DOCUMENT # P01000026677** 1. Entity Name JONATHAN WRIGHT PUBLISHING, INC. Principal Place of Business Mailing Address 3015 NORTH OCEAN BLVD STE #109 3015 NORTH OCEAN BLVD STE #109 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 No Chg-P 04152007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WRIGHT, JOHN B 6301 SW 3RD STREET MARGATE, FL 33068 IN THIS SPACE 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. DATE Synostyre, lyned or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WRIGHT, JOHN B NAME STREET ADDRESS 6301 SW 3RD STREET CITY-ST-ZIP MARGATE, FL 33068 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TIME NAME

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 of 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 with all other like empor ered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZiP' :

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