2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2006 8:00 am Secretary of State DOCUMENT # P01000044326 04-18-2006 90088 001 ***150.00 1. Entity Name J & E TOOLS, INC. Principal Place of Business Mailing Address 5343 STAFFORD CIRCLE 5343 STAFFORD CIRCLE PACE FL 32571 PACE FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3719324 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of Naw Registered Agent JERRELL, ELLEN Street Address (P.O. Box Number is Not Acceptable) 5343 STAFFORD CIRCLE PACE FL 32571 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE TITLE Delete ☐ Change ☐ Addition NAME JERRELL, JOHN M NAME STREET ACCORDED 5343 STAFFORD CIRCLE STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-SI-7/P TITLE ☐ Delete ULTE ☐ Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete TILE Chargo Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition MALE HARRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-70P ITHE Oelete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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.

Dwner-Kesident

FILED