2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

PRINTED NAME OF SIGN:

OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P01000045978 02-28-2006 90014 024 ***158.75 THE JACKSON RIVERS COMPANY Principal Place of Business Mailing Address **402 WEST-BROADW**AY 402 WEST BROADWAY 50000427 400 -san diego, ca 92101 -- Us -SAN DIEGO: CA 92101 US 2. Principal Place of Business 3. Mailing Address 5520 wellesley St 5520 Wellesley St Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Chg-P 109 109 City & State City & State 4. FEI Number Applied For 65-1102865 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARADISO, DON A ESQ. Street Address (P.O. Box Number is Not Acceptable) 2401 E ATLANTIC BLVD **SUITE 314** POMPANO BEACH, FL 33062 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President CEO Delete TITLE James E. Nelson LAUZON, DENNIS N NAME NAME STREET ADDRESS **PO BOX 814** STREET ADDRESS 550 Greens Pkwy, Suite 230 KATONAH, NY 10536 CITY-ST-ZIP CITY-ST-ZIP Mouston TX TITLE SECR Delete TITLE CEO Addition Jeffrey W. Flannery 5520 Wellesley St. Suite 109 NICHOLAS, CORTESE NAME NAME STREET ADDRESS 402 W. BROADWAY STE. 400 STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92101 CITY-ST-ZIP a Mesa, CA 91942 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED Feb 28, 2006 8:00 am