

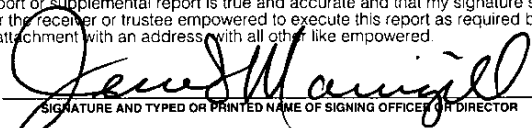


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90976 011 ***150.00

DOCUMENT # P02000017620 1. Entity Name JPL24, INC.					
Principal Place of Business 2240 BELLEAIR RD., STE. 160 CLEARWATER, FL 33764			Mailing Address 2240 BELLEAIR RD., STE. 160 CLEARWATER, FL 33764		
2. Principal Place of Business 1250 S. Belcher Road Suite, Apt. #, etc. Suite 160 City & State Largo, FL Zip 33771		3. Mailing Address 1250 S. Belcher Road Suite, Apt. #, etc. Suite 160 City & State Largo, FL Zip 33771		02152005 Chg-P CR2E034 (10/03) 4. FEI Number 04-3602857	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ O'CONNOR & ASSOCIATES 2240 BELLEAIR RD., STE. 160 CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name O'Connor, Patrick M. Street Address (P.O. Box Number is Not Acceptable) 1250 S. Belcher Road Suite 160 City Largo FL Zip Code 33771	
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: 4/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSINGILL, J. LARRY 2240 BELLEAIR RD., STE. 160 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 		Date: 4/25/05		Daytime Phone #: 813-885-5656	