

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000036365



1. Entity Name
THE JONES GROUP, INC.

Principal Place of Business
10221 EMERALD COAST PARKWAY W.
SUITE #12, PALM PLAZA
DESTIN, FL 32550

Mailing Address
10859 EMERALD COAST PARKWAY W.
#4-430
DESTIN, FL 32550

2. Principal Place of Business <i>12273 Emerald Coast Pkwy</i> Suite, Apt. #, etc. <i>Suite 201, Holiday Plaza</i>	3. Mailing Address Suite, Apt. #, etc. City & State <i>Destin, FL</i>
Zip <i>32550</i>	Country
Zip	Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number
74-3036167

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
JONES, CYNTHIA L
10859 EMERALD COAST PARKWAY W.
#4-430
DESTIN, FL 32550

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, CYNTHIA L 3100 MERION DRIVE DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10859 Emerald Coast Pkwy W. #4-430</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, DENNIS A 3100 MERION DRIVE DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10859 Emerald Coast Pkwy W. #4-430</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, CHRISTOPHER R 1805 BAYTOWNE AVENUE DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10859 Emerald Coast Pkwy W. #4-430</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90384 005 ***150.00

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