2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 05, 2007 8:00 am Secretary of State DOCUMENT # P02000051117 1. Entity Name 02-05-2007 90089 045 ***150.00 JIMMY STIX, INC. Principal Place of Business Mailing Address 12263 NW 13TH CT. 12263 NW 13TH CT. PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business - No P.O. Box # 3. Mailing Address DIAMONTE DR 21121 DIHDIONTE DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3663956 AND CLUXSS PNN 02 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent *5ペ*リカモ WAKULA, JAMES Street Address (P.O. Box Number is Not Acceptable) 12263 NW 13TH CT. PEMBROKE PINES FL 33026 City 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 lamiliar 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 reiristating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. TITLE Delete TIPLE Change Addition WAKULA, JAMES NAME NAME 21121 DIAMONTE 2x. 12263 NW 13 CT STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 FL. 34637. NIND O'LAKES CITY-ST-7IP CITY - SE- ZIP TITLE ☐ Delete THUE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP THE ☐ Defete TITLE Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7JP CHY-S1-7IP THILE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY+ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY ST-7IP Delete THUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 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