2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 16, 2006 08:00 AM DOCUMENT # P02000054458 **Secretary of State** 1. Entity Name JNSA ENTERPRISES, INC. _Mailing Address Principal Place of Business 10676 GRANDE BLVD WEST PALM BEACH FL 33412 10676 GRANDE BLVD WEST PALM BEACH FL 33412 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 04-3666041 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLER, NORMAN Street Address (P.O. Box Number is Not Acceptable) 10676 GRANDE BLVD WEST PALM BEACH FL 334/12 Zip Code 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 familiar with, and accept the obligations of registered agent. NORMN KILLER INOTE Registered Agent signature req DATE of registered agent and lifts if applicable then terns: Along) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. A AHIE ☐ Change ☐ Detete TITLE TITLE KELLER, WILMA NAME NAME STREET ARDRESS STREET ADDRESS 10676 GRANDE BLVD CITY-ST-ZIP CHY-SI-ZIP WEST PALM BEACH FL 33412 ☐ Change T A Arrest ☐ Delete THEE ΠP THE U00000470120 KELLER, NORMAN NAME NAME 03/28/06-80001-004 158.75 STREET ADDRESS STREET ADDRESS 10676 GRANDE BLVD CITY-SI-ZIP WEST PALM BEACH FL 33412 ☐ Change Addition THILE ☐ Delete 1111 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP Change Defete T Addition TITLE TITL€ NAME NAME STREET ADDRESS STREET ADURESS G11Y-S7-21F CITY-ST-ZIF ☐ Change ວກຳຄົນປີ 🔲 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET AUDRESS City-St-Zip CITY - ST - ZIP ☐ Change T) Addition Dcfete TITLE Titl€ NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP City-SI-ZiP 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 path, 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.

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