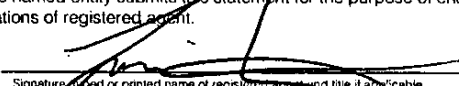
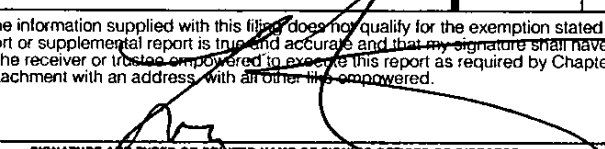


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90068 037 ***150.00

DOCUMENT # P02000056097					
1. Entity Name LORI JAYNE, INC.					
Principal Place of Business 240 WORTH AVE, SUITE C PALM BEACH, FL 33480			Mailing Address PO BOX 2005 PALM BEACH, FL 33480		
2. Principal Place of Business 211 SEAVIEW AVENUE		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM BEACH FL		City & State		4. FEI Number 30-0128696	
Zip 33480		Country PALM BEACH		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, MICHAEL 1926 10TH AVE N STE 400 LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name: LORI J. BERNSTEIN Street Address (P.O. Box Number is Not Acceptable): 211 SEAVIEW AVENUE City: PALM BEACH FL Zip Code: 33480		
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: 4-26-05 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 BERSTEIN, LORI J PO BOX 2005 PALM BEACH, FL 33480 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LORI J. BERNSTEIN 211 SEAVIEW AVENUE PALM BEACH FL 33480 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 another line empowered.					
SIGNATURE:  DATE: 4-26-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					