## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000072861

Entity Name: JORNEE UNLIMITED, INC.

FILED Jan 11, 2006 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

915 MIDDLE RIVER DRIVE SUITE 509 312 SOUTHEAST 17TH STREET FT. LAUDERDALE, FL 33304 THIRD FLOOR

FT. LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

915 MIDDLE RIVER DRIVE SUITE 509
312 SOUTHEAST 17TH STREET
THIRD FLOOR
FT. LAUDERDALE, FL 33316

FEI Number: 06-0878137 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAAVENDRA, DAMASO W 312 S.E. 17TH STREET, 2ND FLOOR FT. LAUDERDALE, FL 33316 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HOCKERSMITH, JEFFREY L Name: HOCKERSMITH, JEFFREY L

Address: 915 MIDDLE RIVER DRIVE SUITE 509 Address: 312 SOUTHEAST 17TH STREET 3RD FLOOR

City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name: EASTMAN, BARBARA Name: EASTMAN, BARBARA

Address: 915 MIDDLE RIVER DRIVE SUITE 509 Address: 312 SOUTHEAST 17TH STREET 3RD FLOOR

City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: FT. LAUDERDALE, FL 33316

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: MCDONALD, CHRISTOPHER Name: MCDONALD, CHRISTOPHER

Address: 915 MIDDLE RIVER DRIVE SUITE #509 Address: 312 SOUTHEAST 17TH STREET 3RD FLOOR

City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: FT. LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. EASTMAN S 01/11/2006