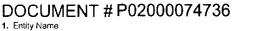
2006 FOR PROFIT CORPORATION

ANNUAL REPORT





FILED

Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90296 049 ***150.00

TRIPLE J OF JAX, INC. 50011476 Principal Place of Business Mailing Address 11250 OLD ST. AUGUSTINE RD. 11250 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 16-1620125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSSI, JACK N Street Address (P.O. Box Number is Not Acceptable) 3714 DARNALL PLACE JACKSONVILLE, FL 32217 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Addition Change OŚSI, JACK N NAME NAME STREET ADDRESS 11250 OLD ST AUGUSTINE RD#24 STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition OSSI, MAYSOON E NAME NAME 11250 OLD ST AUGUSTINE RD #24 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HILE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THE

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition