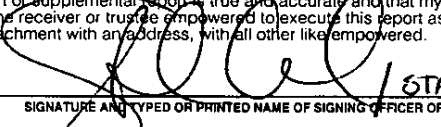


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90167 033 ***150.00

DOCUMENT # P02000082311 1. Entity Name JOY-STAR, P.A.					
Principal Place of Business 222 SOUTH BERNON AVE KISSIMMEE, FL 34741			Mailing Address 222 SOUTH BERNON AVE KISSIMMEE, FL 34741		
2. Principal Place of Business 222 SOUTH VERNON AVE Suite, Apt. #, etc. KISSIMMEE, FLORIDA City & State		3. Mailing Address SAME Suite, Apt. #, etc. City & State		14003418 	
Zip 34741		Country USA		01132005 Chg-P CR2E034 (10/03)	
4. FEI Number 14-1840786				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CARPENTER, W JOY 222 SOUTH VERNON AVE KISSIMMEE, FL 34741	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CARPENTER, W. JOY PRES. 222 SOUTH VERNON AVE KISSIMMEE, FL 34741 ☐ Delete CHANGE		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P CALDERON, STAR SEC. 222 SOUTH VERNON AVE KISSIMMEE, FL 34741 ☐ Delete CHANGE		PRESIDENT W. JOY CARPENTER 222 S. Vernon Avenue Kissimmee, Florida 34741 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VICE-PRESIDENT STAR CALDERON 222 S. Vernon Avenue Kissimmee, FL 34741 ☒ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 all other like empowered.					
SIGNATURE:  STAR CALDERON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/24/05 4073437737 Date Daytime Phone #					