2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 07, 2008 08:00 AN Secretary of State **DOCUMENT # P02000089438** 1. Entity Name JANICE MEE, INC. Principal Place of Business Mailing Address 1701 CLOWER CREEK DR #159 1701 CLOWER CREEK DR #159 SARASOTA, FL 34231 SARASOTA, FL 34231 No Chg-P CR2E034 (11/05) 05052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2373135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEE, JANICE DO NOT WRITE 1701 CLOWER CREEK DR #159 SARASOTA, FL 34231 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Unnnnn94958n 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 06/03/08-80033-020 550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE NAME MEE, JANICE 1701 CLOWER CREEK DR #159 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 IIILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Tanies