2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090537

Entity Name: 2JS & ASSOCIATES, INC.

FILED Apr 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

309 EDGE OF WOODS ROAD 5441 RIVERWOOD ROAD, NORTH

AUGUSTINE, FL 320923720 AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

309 EDGE OF WOODS ROAD 5441 RIVERWOOD ROAD, NORTH

ST. AUGUSTINE, FL 320923720 ST. AUGUSTINE, FL 32092

FEI Number: 55-0791898 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:

SCHILIN, JOHN SCHILIN, JOHN

309 EDGE OF WOODS ROAD 5441 RIVERWOOD ROAD, NORTH ST. AUGUSTINE, FL 320923720 US ST. AUGUSTINE, FL 32092 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: JOHN SCHILIN 04/08/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: SCHILIN, JOHN Name: SCHILIN, JOHN

Address: 309 EDGE OF WOODS ROAD Address: 5441 RIVERWOOD ROAD, NORTH

City-St-Zip: AUGUSTINE, FL 320923720 City-St-Zip: AUGUSTINE, FL 32092

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

Name: SCHILIN, JOAN Name: SCHILIN, JOAN

Address: 309 EDGE OF WOODS ROAD Address: 5441 RIVERWOOD ROAD, NORTH

City-St-Zip: AUGUSTINE, FL 320923720 City-St-Zip: AUGUSTINE, FL 32092

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: JOAN SCHILIN PRES 04/08/2006