2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2006 08:00 AM DOCUMENT # P02000101256 **Secretary of State** 1. Entity Name J.A.C. MARKETING, INC. Mailing Address Principal Place of Business 3845 HUELVA COURT 3845 HUELVA COURT NAPLES, FL 34109 NAPLES, FL 34109 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3099626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHANZES, JOY DO NOT WRITE 3845 HUELVA COURT NAPLES, FL 34109 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD CHANZES, JOY NAME STREET ADDRESS 3845 HUELVA COURT U000000383315 CITY-ST-7IP NAPLES, FL 34109 01/12/06-80048-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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 frustee 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:

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06 239-821-880 Daylime Prone 8

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