

102

2003 FOR PROFIT CORPORATION ANNUAL REPORT


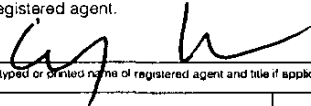
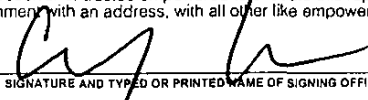
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-07

DOCUMENT # P02000105635			
1. Entity Name J.N.P. ECOLOGICAL BUSINESS, CORP.		Principal Place of Business Mailing Address	
2. Principal Place of Business 894 NW Leonardo Circle Suite, Apt. #, etc.		3. Mailing Address 894 NW Leonardo Circle Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL	
Zip 34986		Country US	
4. FEI Number 01172006		Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Chip Volke	
		Street Address (P.O. Box Number is Not Acceptable) 894 NW Leonardo Circle	
		City Port St Lucie	
		State FL	
		Zip Code 34986	
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 X  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P Jose Navamo 3110 NW 98 Ave #109 Sunrise FL 33357 <input checked="" type="checkbox"/> Delete		PS Chip Volke 894 NW Leonardo Circle Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VS Maria Abrcon 310 NW 98 Ave #109 Sunrise FL 33351 <input checked="" type="checkbox"/> Delete		500112389825 11/19/07--01003--014 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
SIGNATURE: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/10/07 Daytime Phone # 772-345-1169	

11/21/07

J.N.P. ECOLOGICAL BUSINESS, CORP.
894 NW LEONARDO CIRCLE.
PORT ST. LUCIE, FL 34986

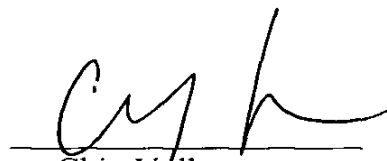
October 10, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company J.N.P. Ecological Business, Corp. with Document # P02000105635. Along with this letter you will find a check in the amount of \$750.00 and my Uniform Business Report for the years of 2003 - 2007.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,


Chip Volke