

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109101

Entity Name: J. J. \$ C. VENTURES, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

403 HAWK STREET
#3
ROCKLEDGE, FL 32955

New Principal Place of Business:

240 MYTRIC AVE
MERRITT ISLAND, FL 32952

Current Mailing Address:

403 HAWK STREET
#3
ROCKLEDGE, FL 32955

New Mailing Address:

P.O. BOX 236425
COCOA, FL 32923

FEI Number: 59-3769303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZA, CLAUDIA C
403 HAWK STREET
#3
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MAZZA, CLAUDIA C
P.O. BOX 236425
COCOA, FL 32923 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: _____

Electronic Signature of Registered Agent

04/29/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAZZA, JAMES D
Address: 403 HAWK STREET #3
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAZZA, JAMES D
Address: P.O. BOX 236425
City-St-Zip: COCOA, FL 32923

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES D. MAZZA

Electronic Signature of Signing Officer or Director

P

04/29/2005

Date