


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000119937</b> 1. Entity Name ST. JOHNS AVENUE, INC.	
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Principal Place of Business 4595 LEXINGTON AVE JACKSONVILLE, FL 32210	Mailing Address 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
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04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3071271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  WELLS, MARIE 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WELLS, MARIE
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	CHASE, MARY S
STREET ADDRESS	45954 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	CHASE, IAN
STREET ADDRESS	45954 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	EVANS, MARY K
STREET ADDRESS	45954 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	MILNE, DOUGLAS J
STREET ADDRESS	45954 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>U000000545584 05/11/06-80082-021 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Marie Wells 4-28-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #