

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121364

Entity Name: JUSTIFY THIS, INC.

FILED  
Jan 12, 2006  
Secretary of State

## Current Principal Place of Business:

220 MIRACLE MILE  
221  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

220 MIRACLE MILE  
221  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 36-4512928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORSHEE, BILL  
6100 SW 85 AVE  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: EHRMAN, BOB  
Address: 19401 RIDGELAND DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: DP ( ) Delete  
Name: EHRMAN, TROY  
Address: 19401 RIDGELAND DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: DVS ( ) Delete  
Name: FORSHEE, BILL  
Address: 6100 SW 85 AVE  
City-St-Zip: MIAMI, FL 33143

Title: DVT ( ) Delete  
Name: LOCKWOOD, KEVIN  
Address: 9011 SW 1965 DRIVE  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM H. FORSHEE

DVS

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date