

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90194 031 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                                                 |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000004110</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                |                                                                                                                                                          |
| 1. Entity Name<br><b>JLC COMMUNICATION CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                                                 |                                                                                                                                                          |
| Principal Place of Business<br><b>817 VERANDA PL<br/>SUITE B<br/>CELEBRATION, FL 34747 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | Mailing Address<br><b>PO BOX 470925<br/>CELEBRATION, FL 34747 US</b>                                            |                                                                                                                                                          |
| 2. Principal Place of Business - No P.O. Box #<br><b>623 MULBERRY AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          | 3. Mailing Address                                                                                              |                                                                                                                                                          |
| Suite, Apt. #, etc.<br><b>SUITE B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | Suite, Apt. #, etc.                                                                                             |                                                                                                                                                          |
| City & State<br><b>CELEBRATION, FL 34747</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | City & State                                                                                                    |                                                                                                                                                          |
| Zip<br><b>34747</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br><b>US</b>                                                                                     | Zip                                                                                                             | Country                                                                                                                                                  |
| 4. FEI Number<br><b>36-4519065</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                                                                                                                                          |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          | \$8.75 Additional Fee Required                                                                                  |                                                                                                                                                          |
| 6. Name and Address of Current Registered Agent<br><b>HEXAGON INTERNATIONAL, INC<br/>6205 LAKE WILSON RD<br/>SUITE C<br/>DAVENPORT, FL 33898</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | 7. Name and Address of New Registered Agent                                                                     |                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | Name                                                                                                            |                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | Street Address (P.O. Box Number is Not Acceptable)                                                              |                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | City                                                                                                            |                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | FL Zip Code                                                                                                     |                                                                                                                                                          |
| 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: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature required when amending)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                                                 |                                                                                                                                                          |
| DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                 |                                                                                                                                                          |
| FILE NUMBER FEE IS \$150.00<br>After May 1, 2007 Fee will be \$250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PS<br>CHOUARD, JEAN LOUIS<br>817 VERANDA PL<br>CELEBRATION, FL 34747 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | PS<br>CHOUARD, JEAN LOUIS<br>623 MULBERRY AVE<br>CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPT<br>THEUIL, MARIEDOMINIQUE<br>817 VERANDA PL<br>CELEBRATION, FL 34747 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | VPT<br>THEUIL, MARIE DOMINIQUE<br>623 MULBERRY AVE<br>CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | O<br>JLC CONSEIL<br>2-6 AV HENRI BARBUSSE<br>BOBIGNY, FR 93000 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <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 110, 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 file empowered. |                                                                                                          |                                                                                                                 |                                                                                                                                                          |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | 04/14/2007<br>JEAN-LOUIS CHOUARD<br>PRESIDENT                                                                   |                                                                                                                                                          |