2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P03000005795

Entity Name: THE JACZEN GROUP, INC.

Current Principal Place of Business:

6627 PAVONE STREET
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6627 PAVONE STREET
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 02-0665163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OKON, MARTIN J
6627 PAVONE ST
LAKE WORTH, FL 33467 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: PSTD ( ) Delete
Name: OKON, LINDA R
Address: 6627 PAVONE STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete
Name: OKON, MARTIN J
Address: 6627 PAVONE ST
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR ( ) Change (X) Addition
Name: GOLDSTEIN, CHERYL K DIR
Address: 25 VILLAGE RD.
City-St-Zip: KENDALL PARK, NJ 08824 US

Title: DIR ( ) Change (X) Addition
Name: GRINSPOON, ANDREA B DIR
Address: 117 FOX TRAIL TERRACE
City-St-Zip: N. POTOMAC, MD 20878 US

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: MARTIN J. OKON DIR 01/05/2007

Electronic Signature of Signing Officer or Director Date