2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005795

Entity Name: THE JACZEN GROUP, INC.

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6627 PAVONE STREET
LAKE WORTH, FL 33467

6627 PAVONE STREET
LAKE WORTH, FL 33467

US

Current Mailing Address: New Mailing Address:

6627 PAVONE STREET
LAKE WORTH, FL 33467

6627 PAVONE STREET
LAKE WORTH, FL 33467

US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OKON, MARTIN J VP 6627 PAVONE ST 6627 PAVONE ST

LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 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: MARTIN J. OKON 01/17/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition
Name: OKON, LINDA R

Address: 6627 PAVONE STREET

Address: 6627 PAVONE STREET Address: 6627 PAVONE STREET
City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP () Delete Title: VP (X) Change () Addition Name: OKON, MARTIN J Name: OKON, MARTIN J

Name: OKON, MARTIN J

Address: 6627 PAVONE ST

City-St-Zip: LAKE WORTH, FL 33467

Name: OKON, MARTIN J

Address: 6627 PAVONE ST

City-St-Zip: LAKE WORTH, FL 33467 US

Title: DIR () Delete Title: () Change () Addition
Name: GOLDSTEIN, CHERYL K DIR Name:

Address: 25 VILLAGE RD. Address:
City-St-Zip: KENDALL PARK, NJ 08824 US City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

 Name:
 GRINSPOON, ÁNDREA B DIR
 Name:

 Address:
 117 FOX TRAIL TERRACE
 Address:

 City-St-Zip:
 N. POTOMAC, MD 20878 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 VP 01/17/2009