2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 24, 2006 8:00 am Secretary of State DOCUMENT # P03000044955 05-24-2006 90009 036 ***150.00 1. Entity Name JENNIFER T. KNITS, INC. Principal Place of Business CUUSOSIO Mailing Address 12000 N. BAYSHORE DRIVE 12000 N. BAYSHORE DRIVE # 212 # 212 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05152006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 05-0565561 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYLER, CLAIRE E Street Address (P.O. Box Number is Not Acceptable) 12000 N BAYSHORE DRIVE # 212 NORTH MIAMI, FL 33181 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITL F Delete TITLE Addition NAME TYLER, CLAIRE E NAME 12000 N BAYSHORE DRIVE # 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZIP TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive 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 any address, with all otter tips empowered.

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