


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90241 039 ***150.00

DOCUMENT # P03000063583	
1. Entity Name JUST DOODLES, INC.	

Principal Place of Business 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239 US	Mailing Address 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239 US
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20041162

2. Principal Place of Business 1950 ALTA VISTA ST	3. Mailing Address 1950 ALTA VISTA ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34236	Country
Zip 34236	Country

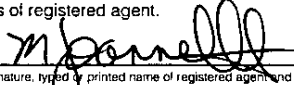


04132005 Chg-P CR2E034 (10/03)

4. FFI Number 65-1248161	Applied For <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 LUZIER, THOMAS B 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name MONIQUE JOANNETTE Street Address (P.O. Box Number is Not Acceptable) 1950 ALTA VISTA ST City SARASOTA FL Zip Code 34236
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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.

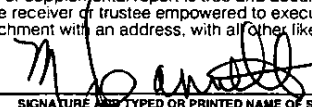
SIGNATURE  **M. Joannette** DATE **4/13/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NEWBERRY, ALEXANDER S 3624 BENEVA OAKS BOULEVARD SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1950 ALTA VISTA ST SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT JOANNETTE, MONIQUE T 3624 BENEVA OAKS BOULEVARD SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1950 ALTA VISTA ST SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:  **M. JOANNETTE JVP, T.** DATE **4/13/05** DAYTIME PHONE # **941-927-9415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR