

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90134 044 \*\*\*150.00

DOCUMENT # P03000073435

1. Entity Name  
 JUST YOU & ME, INC.



Principal Place of Business Mailing Address  
~~81799~~ OVERSEAS HWY PO BOX 2002  
 ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 US

50006707



2. Principal Place of Business 3. Mailing Address  
 81917 Suite, Apt. #, etc. Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For  
 58-2675776 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SINGER, DAVID H  
 13320 SW 128TH STREET  
 MIAMI, FL 33186

7. Name and Address of New Registered Agent  
 Name PATTY SILVER  
 Street Address (P.O. Box Number is Not Acceptable)  
 81001 OVERSEAS HIGHWAY  
 SUITE 101  
 City ISLAMORADA FL Zip Code 33036

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: *David M. Singer* 3-29-06  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAX, STUART M 816 S EMERALD DR KEY LARGO, FL 33037 <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	D SAX, LAUREN J 816 S EMERALD DR KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Stuart M. Sax* 3/25/06 305-644-9008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #