2006 FOR PROFIT CORPORATION

SIGNATURE Jeanne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 6 08:00 A of State

Applied For Not Applicable

Aill	TOAL REPORT	. Ma	y 01, 2006 08:		
DOCUMENT # P03000074200 1. Entity Name J. SKINNER ENTERPRISES INC				Secretary of St	
Principal Place of Business	Mailing Address				
839 LAUREL DRIVE LAKE PARK, FL 33404	839 LAUREL DRIVE LAKE PARK, FL 33404				
		a to the second			
DO NOT W			04112006 No Chg-F	P CR2E034 (11/05)	
DO NOT WI	RITE IN THIS SPA	ACE	4. FEI Number Applie 20-1044364 Not Ap		
	e e e e e e e e e e e e e e e e e e e	ا ما المادي	5. Certificate of Status Desir	red See Required	
6. Name and Address	of Current Registered Agent	=			
MICHAEL MARTIN CPA 560 VILLAGE BLVD			DO NOT WRITE		
WEST PALM BEACH, FL 33409)	INITELIA ODAOE			

IN THIS SPACE

4-26-06

(17.1) 842:23/0

	a named entity submits this statement for the patients of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE.				<u> </u>			<u> </u>
ļ	5.gnature, typed or printed name of registered agent and title it	applicable. (NOTE Registere	d Agent signature	required when reinstating)	-	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS .			·		
THTLE NAME STREET ADDRESS CHY-ST-ZIP	D SKINNER, JEANNIE 839 LAUREL DRIVE LAKE PARK, FL 33404			·)0544708 5-80047-00	08 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THE SHALL SHALL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							· · · · · · · · · · · · · · · · · · ·
12. Thereby of indicated of the correctanged.	certify that the information supplied with this filli on this report or supplemental report is true ar poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exe of accurate and that my signat to execute this report as requir other like empoyered.	mptions con ure shall hav ed by Chapt	tained in Chapter 119 e the same legal effec er 607, Fiorida Statute). Florida Statutes. I t it as if made under or is, and that my name	further certify that at the that I am an or appears in Block	the information fficer or director 10 or Block 11 if