2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090433

Entity Name: JJKR ENTERPRISES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2033 W. MCNAB RD SUITE L POMPANO BEACH, FL 33069 **New Mailing Address: Current Mailing Address:** 2033 W. MCNAB RD SUITE L POMPANO BEACH, FL 33069 FEI Number: 11-3700596 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: RYALLS, JEFFREY 2033 W. MCNAB RD SUITE L POMPANO BEACH, FL 33069 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition Name: RYALLS, KANDY Name: 8002 LAGOS DE CAMPO BLVD. #206B Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: RYALLS, JEFFREY H Name: 8002 LAGOS DE CAMPO BLVD. #206B Address: Address: TAMARAC, FL 33321 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition RYALLS, JEFFREY HII Name: Name: 8002 LAGOS DE CAMPO BLVD. #206B Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: PRES () Change (X) Addition RYALLS, KANDY K Name: Name: Address: Address: 8002 LAGOS DE CAMPO #206 City-St-Zip: City-St-Zip: TAMARAC, FL 33321 US

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: KANDY K RYALLS PRES 04/30/2009