2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000092875 Feb 20, 2006 08:00 AN 1. Entity Name **Secretary of State** JAYWHY INVESTMENTS, INC. Principal Place of Business Mailing Address **7581 PINECREST AVE** 7581 PINECREST AVE MELBOURNE, FL 32904 MELBOURNE, FL 32904 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1682211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE JEAN-LOUIS, JUDE 7581 PINECREST AVE MELBOURNE, FL 32904 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE SCHAROUN, YOLLY NAME STREET ADDRESS 7581 PINECREST AVE 1100000441319 CITY-ST-ZIP MELBOURNE, FL 32904 03/03/06-80028-005 150.00 JEAN-LOUIS, ANNETTE NAME STREET ADDRESS 7581 PINECREST AVE CITY-ST-ZIP MELBOURNE, FL 32904 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental export 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/66

321-725-8455

Daytime Phone #