2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P03000105984 1. Entity Name 03-15-2006 90102 045 ***158.75 JOKERS WILD, INC. Principal Place of Business Mailing Address 6513 14TH ST WEST **6513 14TH ST WEST** BRADENTON FL 34207 BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 57-1187942 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code 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 Signature, typard or pointed name of registered agent and title if apolicable (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD □ Defete TITLE Change Addition NAME JOLLEY, LINDA STREET ADDRESS 6513 14TH WEST, STE. 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34201** TITLE Delete TITLE Change Addition CORNUE, GEORGE NAME NAME STREET ADDRESS 6513 14TH WEST, STE. 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34201 Delete ☐ Addition NAME CORNUE, MYRA NAME STREET ADDRESS STREET ADDRESS 6513 14TH WEST, STE. 103 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34201 X Delete TITLE ☐ Change ☐ Addition MELLOR, JOHN P NAME STREET ADDRESS 6513 14TH WEST, STE, 103 STREET ADDRESS BRADENTON FL 34201 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-3-06 2/4.893-244