2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000110512



FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90099 012 ***150.00

Size Country Zip Country So. Certificate of Status Desired Se. 75 Additional Fee Required	1. Entity Nam JH ALUM		ERVICES, INC					0121200				
Suite, Apt. #, etc. Suite, Apt. #, etc. O1162004 Chg-P CR2E034 (10/03) City & State Country Country Country S. Certificate of Status Desired Set	2161 ROUSE LAKE ROAD 2			2161 ROUSE	2161 ROUSE LAKE ROAD							
City & State Applied For North Application Applied For North Applied For North Applied For North Applied For North Applied For Required 6. Name and Address of Current Registered Agent To Name and Address of New Registered Agent Name HUMMEL, JOSEPH 2161 ROUSE LAKE ROAD ORLANDO, FL 32817 City FL 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 FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 PSD TITLE HUMMEL, JOSEPH 2161 ROUSE LAKE ROAD ORLANDO, FL 32817 TITLE Delide TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delide TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	2. Principal Place of Business 3.			3. Mailing Add	3. Mailing Address							
Country Zip Country So Cou	Suite, Apt. #, etc.			Suite, Apt. #.	, etc.		01162004	Chg-P	CR2E034	(10/03)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Spraulus, lyned or punted name of registered agent agent and title 4 applicable. NOTE Registered Agent squalus required when recotating) DATE PTILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								28531		No	Not Applicable	
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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:

Josephlee Humme