

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90035 045 \*\*\*150.00

<b>DOCUMENT # P03000118024</b> 1. Entity Name <b>JORDAN-PAGE HOLDINGS, INC.</b>			
Principal Place of Business 1470 N DIXIE HWY SUITE 9 FT LAUDERDALE, FL 33304		Mailing Address 1470 N DIXIE HWY SUITE 9 FT LAUDERDALE, FL 33304	
2. Principal Place of Business <i>1948 E. Sunrise Blvd</i>		3. Mailing Address <i>1948 E. Sunrise Blvd</i>	
Suite, Apt. #, etc. <i>City &amp; State</i> <i>Ft. Lauderdale, FL</i>		Suite, Apt. #, etc. <i>City &amp; State</i> <i>Ft. Lauderdale, FL</i>	
Zip <i>33304</i>		Country <i>Broward</i>	
4. FEI Number <b>57-1191435</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAGE, ARTHUR E</b> <b>1948 SUNRISE BLVD</b> <b>FT LAUDERDALE, FL 33304</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR ARTHUR, ERNEST PAGE 1948 SUNRISE BLVD FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JODOIN, ROBERT 1948 SUNRISE BLVD FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>6/23/06</i> <i>954-764-9212</i> Date and Phone #	