

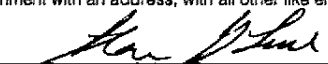


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000122563 1. Entity Name INTERNATIONAL JEWELERS EXCHANGE OF BOYNTON BEACH, INC.							
Principal Place of Business P O BOX 562647 MIAMI, FL 33256-2647		Mailing Address P O BOX 562647 MIAMI, FL 33256-2647					
DO NOT WRITE IN THIS SPACE		 01062007 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 90-0119093</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 90-0119093	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent BERFOND, LAWRENCE 8221 GLADES RD, #101 BOCA RATON, FL 33434		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		<div style="font-family: monospace; font-size: 1.2em;">U000000609124 02/01/07-80038-011 150.00</div> DO NOT WRITE IN THIS SPACE					
TITLE	PD LEVINE, STEVE G						
NAME	2824 VALENCIA WAY						
STREET ADDRESS	FT MYERS, FL 339012647						
CITY - ST - ZIP							
TITLE	VD						
NAME	BERFOND, LAWRENCE						
STREET ADDRESS	8221 GLADES RD, #101						
CITY - ST - ZIP	BOCA RATON, FL 33434						
TITLE	S						
NAME	LEVINE, SCOTT						
STREET ADDRESS	5651 N.W. 23RD AVE						
CITY - ST - ZIP	BOCA RATON, FL 33496						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
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:  STEVEN G. LEVINE		Date 1/18/07	Daytime Phone # 305-251-6085				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							