2006 FOR PROFIT CORPORATION

Jun 12, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000139705** 06-12-2006 90003 049 ***150.00 1. Entity Name JEREMY MENEFEE INC. Principal Place of Business Mailing Address 40000~~ 10088 CHUMUCKLA SPRINGS RD. 10088 CHUMUCKLA SPRINGS RD. JAY, FL 32565 US JAY, FL 32565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 05032006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENEFEE, JEREMY-E-Street Address (P.O. Box Number is Not Acceptable) 10088 CHUMUCKLA SPRINGS RD. JAY, FL 32565 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change ☐ Addition NAME MENEFEE, JEREMY E NAME STREET ADDRESS 10088 CHUMUCKLA SPRINGS RD. STREET ADDRESS CITY+ST-7IP JAY, FL 32565 CITY-ST-ZIP TITLE ☐ Detete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Спалде ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED